EPP0274

Emigration intentionality among Tunisian interns and residents in medicine.

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doi: 10.1192/j.eurpsy.2022.564

Introduction: Emigration is the act of leaving one's country of nationality or habitual residence to settle in another nation. In Tunisia, this phenomenon is increasing in particular for doctors.
Objectives: Evaluating the intentionality of emigration among interns and medical residents in Tunisia while studying the factors related to it.
Methods: We conducted a cross-sectional, descriptive and analytical study of interns and medical residents who participated in our study through the social network 'Facebook' by an anonymous self-questionnaire. The level of satisfaction with the different aspects of life were assessed by a 5-point Likert scale, from "not at all satisfied" to "very satisfied".
Results: The total number of participants was 56 of which 64.3% were medical residents. More than 50% of the participants expressed dissatisfaction with the distribution of tasks and organization of work (66.1%), safety at work (53.6%), comfort (57.2%), time allocated to personal life (53.6%) and salary (69.6%). The political, health and educational situation in the country was considered unsatisfactory by the majority of participants (90% to 95%). Among our participants, 44.6% regretted having chosen the profession of medicine and 53.6% had plans to immigrate to work abroad. The intentionality of immigration was significantly higher among men (p=0.02), those with siblings abroad (p=0.047) and those without dependent relatives (p=0.040).
Conclusions: Young physicians are strongly looking for emigration. This decision could emanate from professional, personal and political factors. Further studies seem to be necessary to explain this emigration phenomenon.

Disclosure: No significant relationships.
Keywords: residents; emigration; medecine

EPP0273

Migration and psychosis: the link between them

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doi: 10.1192/j.eurpsy.2022.565

Introduction: Migrations are a source of stress for patients, which can have repercussions on their Mental Health. We present the case of a native Senegalese patient who presented a first psychotic episode.
Objectives: Presentation of a clinical case of an immigrant patient with a psychotic disorder.
Methods: Bibliographic review on migration and psychosis by searching for articles in Pubmed.
Results: We present the case of a patient of 20 years, a native of Senegal, who has been living in Spain for 3 months in a shelter home. He has no family or relations in Spain, and only speaks Wolof, presenting serious difficulties in communication with healthcare workers. He came to Hospital with his social worker because strange behaviors had been observed. He presented delusional ideation of self-referential and mystical-religious content, related to "the prophet" and "the need to fulfill a mission". He also presented auditory hallucinations that he identified as of divine origin, and ordered him to perform behaviors such as picking hairs from the ground and various rituals. He acknowledges cannabis and alcohol use in the previous days. Paliperidone treatment was started. Throughout the admission, he begins to show concern for the state of his relatives in Senegal and the need to send them money.
Conclusions: Multiple studies indicate that migrants are at higher risk of psychosis, specially those from countries where the majority of population was black, according to some series. The challenge lies in understanding the mechanisms underlying this increased incidence, taking into account psychosocial factors such as social isolation and trauma.

Disclosure: No significant relationships.
Keywords: first psychotic episode; migration; risk factors

EPP0274

¿Do we prescribe less clozapine to immigrant psychotic patients compared to non-immigrant psychotic patients?

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doi: 10.1192/j.eurpsy.2022.566

Introduction: Clozapine, the first atypical antipsychotic, is a highly effective medication for patients with treatment-resistant schizophrenia. Robust evidence describes important risk for psychosis in immigrant population(2). Despite this, some studies suggest that immigrant patients are less treated and misdiagnosed due to cultural barriers(3,4). Clozapine and Electroconvulsive therapy tend to be less prescribed in immigrants(3). However, few studies assess differences in clozapine prescription between immigrants and non-immigrant psychotic inpatients.
Objectives: To describe and compare clozapine prescription between psychotic patients and non-psychotic patients in a sample of Acute and Chronic inpatients.

Methods: Patients who have presented, according to DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units leading to a total sample of 198 patients. Immigrant condition was defined as "a person who comes to live permanently in a foreign country". Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Comparative analysis was performed with IBM SPSS Statistics using Chi-Square Test and t-Student test.
Results: From a total of 198patients clozapine was prescribed to 31(15,7%). From the total immigrant sample only 7,1% had prescribed clozapine compared to 24,2% from the locals($p<0.005$). Significant differences in diagnosis associated to clozapine were found between both groups : Schizophrenia(57,1%immigrants, 57,1%locals), Schizoaffective disorder(14,3%immigrants, 41,7% locals) and Non specific psychosis (28,3%immigrants, 8,3%locals).
Conclusions: According to our results, immigrant psychotic inpatients receive less clozapine prescription compared to non-immigrant psychotic patients. There results should be considered to study barriers for clozapine prescription in this population and offer a treatment based in equality.

Disclosure: No significant relationships.
Keywords: migration psychiatry; psychopharmacology; Transcultural psychiatry; Psychosis

EPP0275

Depressions with religious experiences

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doi: 10.1192/j.eurpsy.2022.567

Introduction: Despite a significant number of studies devoted to the relationship between depression and religiosity, the diagnosis of depression in religious patients is complicated due to the insufficiently studied psychopathology and the peculiarities of the patient's experiences.
Objectives: To determine the specific features of psychopathology and phenomenology of depression, masked by a "religious facade", for timely diagnostics and prevention of suicidal behavior.
Methods: One hundred and fifteen religious (orthodox) inpatients (41 male, 74 female) with depression (F31.3, F31.4, F 32.1., F 32.2, F 33.1, F 33.2 according to ICD-10) were examined. Psychopathological method, HAM-D, SIDAS and statistical analysis were applied.
Results: Five types of depression were specified, which differed in psychopathological structure and content of the religious experiences. Overvalued ideas of guilt and sinfulness were predominant in melancholic depressions, ideas of God-forsakenness and the loss of "living" faith - in apathetic. Depressions with overvalued doubts whether the right faith and confession has been chosen accompanied with anxiety, melancholy and apathy. It should be specially mentioned apathetic and melancholic depressions characterized by "spiritual hypochondria" with specific cenesto-hypochondrical symptomatology. Melancholic depressions characterized by high suicidal risk prevailed (65%) over the other depressions.
Conclusions: Depressions masked by a "religious facade" often are not recognized due to specifical content, which results in lack of timely diagnostics and creates a high risk of suicidal behavior.

Disclosure: No significant relationships.
Keywords: guilt and sinfulness; Depression; religious experiences; suicidal risks

EPP0277

Lost in Translation – What is Alexithymia

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doi: 10.1192/j.eurpsy.2022.568

Introduction: Alexithymia is considered a personality trait characterized by difficulties in identifying and expressing emotions, impoverished fantasy life and tendency toward action-oriented or 'operational' Thinking. There are alterations in cognitive processing and regulation of emotions, and tendency to somatization.
Objectives: The authors examine literature regarding the concept of alexithymia, exploring the current definition and role in the clinic, research findings and proposed management.
Methods: A brief non-systematized review is presented, using the literature available on PubMed and Google Scholar.
Results: Alexithymia is not a discrete psychiatric diagnosis. It has been reported in 9-10% of the general population. It is related to numerous psychiatric disorders (substance use disorders, anxiety disorders, depression and eating disorders), but also to somatic illnesses (essential hypertension, functional gastrointestinal disorders, diabetes mellitus, psoriasis, fibromyalgia and cancer pain). Neuroimaging and neurobiological studies found evidence for morphological and functional brain alterations that integrate the classification introduced by Bermond. Affective type I is characterized by the absence of emotional experience and, consequently, by the absence of cognition accompanying the emotion (associated to right unilateral cortical lesions). Cognitive Type II is characterized by a selective deficit of emotional cognition with sparing of emotional experience (associated to a right-to-left unidirectional deficit in interhemispheric transfer).
Conclusions: There is little consensus on the subject. Clarification of the mechanisms underlying alexithymia can improve our management of these individuals. Identification of effective strategies could improve the patients' capacities for adaptive emotional processing and enhance other aspects of functioning.

Disclosure: No significant relationships.
Keywords: alexithymia

EPP0278

Is Praecox Feeling at risk of extinction?

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doi: 10.1192/j.eurpsy.2022.569