

under research, perils are minor. Mental health care urgently needs disruptive innovation to improve access and quality.

Disclosure of Interest: None Declared

EPP143

The Anxiety of the 21st Century: The Paradox of Nomophobia. A Critical Examination of the Phenomenon in a Population with Eating Disorders

F. Marcolini^{1*}, G. Buffa¹, B. Ferrari¹, D. De Ronchi¹ and A. R. Atti¹

¹Department of Biomedical and Neuromotor Sciences, University of Bologna, Bologna, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.478

Introduction: In the present era, technology and medicine have become deeply intertwined, forming inseparable scientific disciplines. The mobile phone has become an omnipresent device, serving functions such as financial management, job organization, social networking, and internet access. While its benefits are undeniable, there is growing evidence of its potential pathological effects. One of the most recently identified issues is nomophobia—a term combining “no mobile,” “phone,” and “phobia,” which refers to the fear or anxiety of being without one’s mobile phone.

Nomophobia is considered a situational phobia of the contemporary era. Its symptoms include excessive reliance on mobile phones and pervasive anxiety about losing internet connectivity. Related conditions include “Ringxiety” and “phantom vibration syndrome,” where individuals perceive false notifications from their devices.

Objectives: This study aims to assess the relationship between eating disorders (ED) and nomophobia. Additionally, it seeks to analyze the psychopathological components of nomophobia and evaluate the characteristics of the Nomophobia Questionnaire (NMP-Q), currently used for its assessment.

Methods: A questionnaire was administered at the Study and Care Unit for ED in Bologna, Italy, between January 2023 and May 2024. Alongside tests evaluating the social and psychopathological characteristics of the outpatients (including the STAI-Y for anxiety assessment), the Italian version of the NMP-Q was employed.

Results: The study included 104 patients (97 females and 7 males) with an average age of 21.8 years (range 18–44). The results showed that 100% of the subjects exhibited symptoms of nomophobia, with 21.3% displaying severe nomophobia. Among these, 94.4% tested positive for state anxiety, and 100% for clinically significant trait anxiety. This suggests that nomophobia may reflect not only current anxiety symptoms but also an anxious trait, indicating a predisposition to heightened reactivity and anxiety in response to environmental stimuli.

Conclusions: The data highlight the alarming pervasiveness of internet addiction in contemporary society, with nomophobia being a significant manifestation. Given its substantial consequences, it is crucial to deepen our understanding of this condition and its underlying psychosocial determinants. This will enhance our knowledge and aid in developing more effective prevention

strategies. However, a paradox arises: if nearly everyone is affected by nomophobia, it challenges the traditional definition of a disease. Further research into the NMP-Q test’s structure and specificity is necessary, as high prevalence rates may question its current measurement validity.

Disclosure of Interest: None Declared

EPP144

Assessing demographic and clinical determinants of resilience, personal recovery, and quality of life for psychiatric in-patients before hospital discharge

E. Owusu^{1*}, W. Mao¹, R. Shalaby¹, H. Elgendy¹, B. Agyapong¹, E. Eboime², M. A. Lawal¹, N. Nkire¹, C. T. Hilario³, P. Silverstone¹, P. Chue¹, X.-M. Lin¹, Y. Wei¹, W. Vuong⁴, A. Ohinmaa⁵, V. Taylor⁶, A. J. Greenshaw¹ and V. I. Agyapong^{1,2}

¹Psychiatry, University of Alberta, Edmonton; ²Psychiatry, Dalhousie University, Halifax; ³Nursing, University of British Columbia, Okanagan; ⁴Addiction and Mental Health, Alberta Health Services; ⁵School of Public Health, University of Alberta, Edmonton and ⁶Psychiatry, University of Calgary, Calgary, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.479

Introduction: Many patients with mental health and emotional problems often see the transition period in the community after hospital discharge as a test of their resilience and a threat to their recovery. Most often, some doubt their ability to cope with the everyday challenges that may confront them in the community.

Objectives: This paper assesses how demographic and clinical characteristics predicted resilience, personal recovery and quality of life.

Methods: Data were collected from psychiatric inpatients prior to their discharge into the community using the REDCap, an online survey platform. Resilience, personal recovery, and quality of life were assessed using the Brief Resilience Scale (BRS), Recovery Assessment Scale (RAS), and EQ-Visual Analogue Scale (EQ-VAS), respectively. One-way analysis of covariance between groups (ANCOVA) was conducted to compare the relationships between groups. The dependent variables comprised mean scores of BRS, RAS and EQ-VAS. Demographic and clinical variables such as age, gender, ethnicity, and mental health diagnosis groups were independent variables, and covariates comprised demographic/clinical factors such as gender, ethnicity, and mental health diagnosis.

Results: The survey results indicate that males had significantly higher resilience scores compared to females (Mdiff = 0.270, CI = 0.144–0.397, $p < .001$) and others (Mdiff = 0.470, 0.093–0.846, $p < .001$); Black people indicated significantly higher quality of life than Caucasians (Mdiff = 8.79, 2.73–14.85, $P < .001$), and Indigenous people (Mdiff = 14.50, 6.45–22.51, $p < .001$), respectively. In terms of relative recovery, participants with depression had significantly lower recovery compared to those with bipolar disorder (Mdiff = -10.25, -14.40–-6.10, $p < .001$), schizophrenia (Mdiff = -8.60, -13.20–-3.99, $p < .001$), and substance use disorder (Mdiff = -8.30, -15.50–-1.42, $p < .005$).