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Psychological Resilience in Fibromyalgia: The Impact of Mental Health on Clinical Progression

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Introduction: Fibromyalgia (FM) is a chronic condition characterized by widespread muscle pain,with an unclear etiology. Pain-related behaviors are often closely tied to the individual’s mental state. This has made FM a significant area of psychiatric research, highlighting the need to understand the psychological factors that influence disease progression.

Objectives: We aim to explore differences in psychological resilience between FM patients and healthy controls and its relationship with depression,anxiety,and fibromyalgia symptoms. Specifically,we seek to understand how resilience may influence disease development and progression. By examining these factors, the study aims to clarify the underlying causes of fibromyalgia,is closely linked to psychiatric factors and remains poorly understood in terms of etiology.

Methods: The study included FM patients treated at the Department of Physical Medicine and Rehabilitation at Çanakkale 18 Mart University and a control group of healthy volunteers matched for demographic factors. Pain intensity was measured using the Visual Analog Scale(VAS) and functional disability was assessed with the Fibromyalgia Impact Questionnaire(FIQ). Participants completed sociodemographic forms, the Beck Anxiety Inventory(BAI), the Beck Depression Inventory(BDI), and the Psychological Resilience Scale(PRS).

Results: The study involved 40 female patients with FM and 35 healthy controls. No significant differences were found between the two groups in terms of demographic factors. The FM group showed significantly higher scores for BDI,BAI and PRS compared to controls (p<0.001 for BDI and BAI; p =0.04 for PRS). Correlation analysis revealed significant negative correlations between pain intensity and both PRS total and PRS dedication scores (r=-0.34, p=0.02; r =-0.35, p =0.02). Additionally,FIQ scores were negatively correlated with PRS dedication scores(r=-0.37, p=0.01). (Table 1).

Table 1: Psychological Status and Performance Scales (BDI, BAI, PRS, etc.)

Variable	FM (n, %) & mean ± SD	Control (n, %) & mean ± SD	Statistics	p
BDI	20.20 ± 11.54	7.77 ± 6.79	5.58	<0.001
BAI	24.90 ± 13.14	9.0 ± 6.97	6.40	<0.001
PRS Total	54.92 ± 10.67	59.08 ± 10.27	-1.71	0.09
Challenge	21.22 ± 5.82	21.11 ± 5.50	0.08	0.93
Dedication	17.75 ± 5.14	19.54 ± 4.24	-1.63	0.10
Control	16.25 ± 5.01	18.38 ± 3.70	-2.05	0.04

BMI: Body Mass Index, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory, PRS: Psychological Resilience Scale

Conclusions: This study highlights the complex interplay between psychological resilience,depression,anxiety and pain in FM patients.

Psychological resilience was not significantly lower in FM patients compared to healthy individuals,but higher levels of depression and anxiety were inversely related to resilience.These findings underscore the need for treatment approaches that not only address physical symptoms but also aim to enhance psychological resilience in order to improve the overall quality of life in FM patients.

Disclosure of Interest: None Declared

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Muscles Flexed, Minds Relaxed: Investigating the association between strength training and anxiety

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Introduction: Strength training approaches have seen a significant increase in popularity in the fitness and wellness industries in recent years. This rise is fueled not only by the desire for physical prowess and muscle development, but also by a growing awareness of its potential impact on mental health. While the traditional focus of research on strength training has primarily been on its physical benefits, there exists a developing enthusiasm within the scientific community to explore deeper into its implications for mental health, particularly with anxiety levels.

Objectives: The purpose of this study is to examine the link between strength training intensity and anxiety levels among active gym-goers in Tunisia.

Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We’ve included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included socio-demographic questions and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale). Anxiety levels were evaluated using the Generalized Anxiety Disorder 7 (GAD-7) scale.

Results: The overall number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6%(n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions. Analysis showed a mean anxiety score of 6.1 (SD = 3.8) on the GAD-7 scale, indicating absent to mild anxiety symptoms among respondents.

Further analysis revealed a negative association between strength training intensity and anxiety levels (r = -0.59, p = 0.026), implying that higher intensity sessions were linked with lower anxiety scores.

Conclusions: In conclusion, this study provides insight into the level of anxiety of Tunisian gym-goers who participate in strength training, emphasising the potential of exercise interventions to improve mental health in this society. Moving forward, these findings can help to shape targeted interventions and wellness