professional (10.9% in 2020; p=0.111), the same number of students were taking any prescribed medication for mental health (10.9% in 2020; p=0.111). One-third of respondents (n=53; 34.9%) had taken non-prescription medication in the last year to improve their well-being or mood (27.3% in 2020; p=0.143), and 45 (29.6%) had taken medication in the last year to improve concentration or academic performance (38.3% in 2020; p=0.107).
Conclusions: The study showed high mental health care needs among medical students with a tendency to self-medication. Notably, mental health indicators have not improved since 2020 despite the end of the COVID-19 pandemic. Our findings highlight consistent trends in medical students' mental health and underscore the need for targeted interventions to support this vulnerable population.

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EPV0939

Breaking the barrier: stigma, psychiatric disorders and life-threatening risks in healthcare: case report

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Introduction: The existing studies found that stigma expands also among healthcare professionals when it comes to psychiatric patients, where a particular group is represented by substance use disorder patients, who are often perceived as manipulative, irresponsible or non-compliant.
Objectives: The aim of this case presentation is to emphasize the importance of stigma reduction especially among healthcare professionals.
Methods: A 26-year-old female patient with medical history of treatment-resistant epilepsy and misuse of cannabis and alcohol was brought into the Psychiatry ward after multiple grand-mal seizures, which occurred after weeks of daily use of alcohol and no adherence to the medical treatment.
Results: Prior to the admission, the patient was directed to the Neurology ward, where the hospitalization was declined due to her psychiatric history and the multi-drug test result, which turned positive for THC.
On the first day after admission, the patient had two seizure episodes, lasting 10 and respectively 30 minutes, after which she was transferred to the ICU department, where she was stabilized. Therefore, she returned to the psychiatric ward, where the patient enters status epilepticus, for which she underwent an neurological examination and received emergency treatment successfully.
The following day, the patient presents another episode of status epilepticus, after which she does not recover her respiratory function spontaneously and suffers cardiac arrest. The resuscitation protocol was initiated, an Emergency Medical team was requested to take over. After 4 minutes of CPR, the patient became pulmonary and hemodynamically stable.
Conclusions: Stigma is one of the factors that can influence the quality of the healthcare services provided by physicians. In the given case, stigma led to a life-threatening scenario, in which the patient was denied to receive adequate neurological treatment due to cannabis and alcohol use disorder. The impact of stigma on healthcare delivery and the barriers to receiving adequate treatment in these cases emphasize the need for training and education for all healthcare professionals.

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EPV0940

A naturalistic study on physioterapy in acute psychiatric service

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Introduction: There is clear evidence on the physical and psychological benefits of a bodily approach for the treatment of psychiatric disorders. They can have a significant impact on the patient's perceived suffering (Carek et al. IJPM 2011; 41(1) 15–28). In January 2024, a Physiotherapy Project started at the Acute Psychiatric Service of the Rieti ASL in collaboration with the Physical and Rehabilitation Medicine service.
Objectives: Evaluate the impact of the physiotherapy program on psychopathological dimensions and on the patients subjective well-being.
Methods: The naturalistic study was conducted on subjects consecutively hospitalized at the SPDC from January to June 2024 who voluntarily joined the physiotherapy activity. The intervention was administered with bi-weekly sessions of about 45 minutes and included: stretching, orientation exercises, active movement, coordination, muscle strengthening. The Exclusion Criteria were: sedation status, disorganization, behavioral problems. The General Health Questionnaire-12 (GHQ-12) and the Brief Psychiatric Rating Scale (BPRS) were adminstred at admission (T0) and discharge (T1). A Self-evaluation of the useful of the program was administred only to discarege (T1): participants answered by choosing between "not useful", "partly useful", "very useful" to 4 questions on the usefullness of the intervention.
Results: Thirty-five participants (17 M, 18 F; mean age 38.2±15,4) were admitted to physical activity. They recieved the following diagnoses: 48.6% Psychotic Disorder, 20% Depressive Disorder, 2.9% Bipolar Disorder, 28.6% Personality Disorder. Eleven of 35 participants had comorbid substance use disorder (14.3% alcohol, 5.7% cocaine, 5.7% cannabis, 2.9% opioids, 2.9% other substances). The hospitalization time was 11.8±4.3 and the average number of physical sessions was 1.7±0.8. The BPRS (44.4±11vs25.9±4.5; F=1024.25; p<0.001) and GHQ-12 (24.6±4.9vs15.11±5.8; F=833,43; p<0.001) mean scores significant improved in two time of evaluation (T0 and T1).

	very useful	partly useful	not useful
How useful was it for you to practice physiotherapy during your hospitalization?	46,2%	53,8%	
How much has it helped you manage anxiety?	65,4%	34,6%	
How much has it helped you muscle tension?	73,1%	19,2%	7,7%
Did participating in the group improve your mood?	61,5%	30,8%	7,7%