

using the Barratt Impulsiveness Scale 11 (BIS-11). IAC was evaluated using the heart rate tracking task, which assessed participants' awareness of their own heartbeat by comparing the number of heartbeats they perceived with an objective heart rate measurement. IS was measured using the Multidimensional Assessment of Interoceptive Awareness Version 2 (MAIA-2). The study included patients who had completed detoxification and been abstinent for at least three weeks while participating in or undergoing a 28-day abstinence-based inpatient treatment program.

Results: Individuals with AUD scored significantly higher on self-reported measures of emotional dysregulation (AUD group: 41.50 ± 17.66 ; control group: 31.19 ± 8.93 ; $p < 0.001$, $F = 14.106$) and impulsivity (AUD group: 61.63 ± 12.30 ; control group: 53.06 ± 7.50 ; $p < 0.001$, $F = 17.828$), and significantly lower on the heart rate tracking task (IAC) (AUD group: 0.65 ± 0.15 ; control group: 0.84 ± 0.13 ; $p < 0.001$, $F = 43.615$). No significant difference was found in self-reported IS scores (AUD group: 114.06 ± 21.38 ; control group: 113.37 ± 13.52 ; $p = 0.844$, $F = 0.039$). There was a significant correlation between emotion dysregulation and impulsivity scores ($r = 0.633$, $p < 0.001$). IAC and IS scores showed significant negative correlations with emotional dysregulation scores ($r = -0.243$, $p = 0.013$; $r = -0.425$, $p < 0.001$, respectively) and impulsivity scores ($r = -0.204$, $p = 0.038$; $r = -0.416$, $p < 0.001$, respectively).

Conclusions: Our findings support the hypothesis that emotional dysregulation and impulsivity, which are linked to the development and progression of AUD, are associated with interoceptive processes.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP354

Factors affecting anxiety in patients with multiple sclerosis

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Introduction: Anxiety is a common and often debilitating condition in individuals with Multiple Sclerosis (MS), significantly affecting their quality of life. The challenges associated with managing MS symptoms and the potential for disability can contribute to increased levels of psychological distress.

Objectives: The aim of our study was to determine the prevalence of anxiety and identify its associated factors.

Methods: A cross-sectional study was conducted in the neurology department of Razi University Hospital (Tunisia) between October 2023 and June 2024. Patients with a diagnosis of MS based on the 2017 McDonald criteria were recruited, excluding those with active disease relapses. Participants completed questionnaires covering

sociodemographic data, medical history, clinical and radiological characteristics, disability status, and psychological symptoms. Depression, anxiety and stress were assessed using the DASS-21 scale. Insomnia was evaluated using the Pittsburgh Sleep Quality Index (PSQI). Data analysis was performed using SPSS version 26.

Results: A total of 83 patients with MS were recruited, with ages ranging from 19 to 66 years. The study population had a predominantly female sex ratio of 3.4. The majority of participants (75.9%) were from urban areas, and 74.7% had a university-level education. Moreover, 49.1% were married, and 60.2% were employed. Regarding medical history, 40.3% had a comorbid condition, and 30.1% had a psychiatric history. The mean age at disease onset was 26 ± 10 years, and the most common clinical presentations were sensory and pyramidal symptoms.

The median time since the last relapse in our sample was 24 months. In our sample, first-line treatments (interferon, glatiramer acetate, teriflunomide, dimethyl fumarate) were prescribed to 27.7% of patients. Second-line treatments (natalizumab, ocrelizumab, fingolimod) were prescribed to 69.9% of patients.

In our study, the prevalence of anxiety was 55.4%. In our population, 26.5% of the patients had severe anxiety. A significant association was found between anxiety and female gender ($p=0.02$), stress ($p<0.001$), and insomnia ($p=0.003$).

Conclusions: The findings indicate that anxiety is a considerable concern for individuals with MS. Addressing this mental health issue is essential for healthcare providers to offer effective support. By prioritizing mental health, we can enhance the overall well-being of individuals living with MS and improve their quality of life.

Disclosure of Interest: None Declared

EPP355

Influence of Demographic and Socioeconomic Factors on Mental Exhaustion and Social Exclusion in the Workplace

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Introduction: Mental exhaustion and social exclusion are significant challenges in the workplace that can negatively affect well-being and job performance. Various demographic and socioeconomic factors may differently impact these phenomena. This study examines how age, gender, marital status, educational level, number of children, employment status, origin, and generation influence mental exhaustion and social exclusion in the workplace.

Objectives: The primary objective of this investigation is to explore and analyze the relationships between demographic and socioeconomic factors and the dimensions of mental exhaustion and social exclusion. The study aims to identify differences and interactions among various factors, as well as to gain a deeper understanding of their impact on workplace well-being.

Methods: The research was conducted by Dr. Elif Cindik, psychologist Merve Gediz, and psychology student Dicle Mutlu. A total of 73 participants were surveyed. Standardized questionnaires

were used to measure mental exhaustion and social exclusion, and demographic as well as socioeconomic data were also collected. The analysis employed statistical methods such as Analysis of Variance (ANOVA), Post-Hoc Tests, Regression, and Pearson Correlation Tests to examine the relationships between the variables.

Results: The tests revealed significant results in the various research areas mentioned above.

Conclusions: The study highlights the complex relationships between the examined demographic and socioeconomic factors and the dimensions of mental exhaustion and social exclusion. Significantly important differences were found among older age groups, single participants, individuals with lower educational levels, and various income levels. Further research is needed to explore the causes of these differences in more detail and to develop potential intervention strategies. The findings provide valuable insights for measures aimed at improving workplace well-being.

Disclosure of Interest: None Declared

EPP359

Differential impact of comorbid depression and adjustment disorder on self-compassion in patients with anxiety disorders

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Introduction: The capacity of self-compassion may contribute to the development or protection of psychiatric disorders.

Objectives: This study aimed to examine the relationship between self-compassion and psychopathologies in anxiety disorders and to identify the impact of comorbid depression on self-compassion.

Methods: Patients diagnosed with anxiety disorders were recruited from the outpatient clinic of the Catholic University of Korea. Psychiatric diagnoses were established through interviews based on DSM-5 criteria, conducted by an experienced psychiatrist. Demographic data were collected, and clinical status was evaluated using the Clinical Global Impression (CGI) scale. The severity of anxiety, depression, somatic symptoms, hypochondriasis, and self-compassion were assessed using the Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), Patient Health Questionnaire-15 (PHQ-15), Illness Attitude Scale (IAS), Cyberchondria Severity Scale (CSS-12), and Self-Compassion Scale (SCS), respectively.

Results: The study included 121 participants with a mean age of 48.65 years (SD = 10.10), ranging from 20 to 70 years. The majority of the participants were female, comprising 91 (75.2%) of the sample, while 30 (24.8%) were male. A significant inverse relationship was observed between self-compassion (SCS total) and measures of general psychopathologies and hypochondriasis: PHQ-9

($r = -0.366$, $p < 0.001$), GAD-7 ($r = -0.348$, $p < 0.001$), PHQ-15 ($r = -0.349$, $p < 0.001$), IAS ($r = -0.293$, $p < 0.005$), and CSS-12 ($r = -0.208$, $p < 0.05$). Also, strong negative correlations were found with all psychopathology measures, showing that higher negative self-compassion is significantly related to greater psychopathology: PHQ-9 ($r = -0.479$, $p < 0.001$), GAD-7 ($r = -0.423$, $p < 0.001$), PHQ-15 ($r = -0.364$, $p < 0.001$), IAS ($r = -0.374$, $p < 0.001$) and CSS-12 ($r = -0.362$, $p < 0.001$). An ANCOVA was conducted to assess group differences in self-compassion subscales among patients with anxiety disorders ($N = 71$), comorbid depressive and adjustment disorders ($N = 22$), and comorbid somatic symptom and related disorders ($N = 25$). The results showed a significant difference in the isolation subscale across the groups ($F = 4.636$, $p = .012$).

Conclusions: The findings underscore the role of self-compassion in moderating psychopathology severity in anxiety disorders, suggesting that interventions targeting negative self-compassion may help mitigate emotional and physical symptoms in these patients

Disclosure of Interest: None Declared

Bipolar Disorders

EPP363

Theory of Mind Deficits in Individuals at Risk and Early Onset of Bipolar Disorder

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Introduction: Impairments in theory of mind, which influence the ability to accurately perceive and comprehend the mental states of oneself and others, play a pivotal role in psychiatric diseases. Understanding these cognitive aspects is crucial for developing targeted interventions and improving overall patient outcomes.

Objectives: The purpose of this study is to examine theory of mind in individuals at risk for bipolar disorder and in the early stages of the disorder.

Methods: Sixty-two individuals with first-episode bipolar disorder (FE-BD) (mean age 21.92 ± 4.58), seventy-eight individuals at ultra-high risk for bipolar disorder (UHR-BD) (mean age 20.5 ± 3.93), and seventy-four healthy controls (HC) (mean age 23.36 ± 5.28) were included in this study. The Hinting Task (HT) and the Reading the Mind in the Eyes Test (RMET) were applied to assess theory of mind.

Results: The groups differed significantly in RMET positive ($F(2-200)=5.087$, $p=0.007$), neutral ($F(2-200)=4.777$, $p=0.009$) sub-scores, and total score ($F(2-200)=11.267$, $p=0.000$). Similarly, differences were found among the groups in terms of hypomentalization ($F(2-174)=5.251$, $p=0.006$), hypermentalization ($F(2-174)=4.786$, $p=0.009$), and total scores ($F(2-174)=13.292$, $p=0.000$) on the