Objectives: This study aimed to evaluate the prevalence and severity of BOS among pediatric medical residents at a children's hospital in Madrid, Spain. The association between demographic and occupational factors, such as gender, residency year, and night shifts per month, and the presence of BOS was also analyzed.
Methods: An observational, cross-sectional study was conducted in September 2024, using a survey distributed to pediatric residents. The survey included demographic and occupational data and the Maslach Burnout Inventory Human Services Survey (MBI-HSS), which assesses burnout through EE, DP and PA. Perception of institutional burnout prevention and support programs was also evaluated.
Results: The response rate was 81.8% (45/55), the majority of respondents were female (77.8%), aged between 24-32 years (mean 26.8), from all levels of training. Burnout scores were abnormal in 55.6%, and 11.1% met criteria for high levels of burnout. Emotional exhaustion was the most affected dimension, over half (57.8%) scoring in the high-degree for EE, followed by 40% for high DP and 28.9% for low PA. No significant associations were found between gender, residency year, or night shifts and burnout levels. However, 66.7% of the respondents perceived insufficient institutional burnout prevention programs or support.
Conclusions: The study confirmed a high prevalence of BOS among pediatric residents. These results emphasize the urgent need for targeted interventions to prevent and address burnout and improve health-care professionals well-being. Further research is needed to explore factors contributing to burnout and effective strategies for mitigating burnout among medical residents.

Disclosure of Interest: None Declared

EPV0955

Psychiatric comorbidities and societal demographics of population with pyromania admitted to Bronx Care: a retrospective chart review

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Introduction: Pyromania is an impulse control disorder where repeatedly setting up intentional fires provides instant gratification after failing to control the urge. Within the psychiatric population, 6% of the individuals meet the lifetime criteria of pyromania, making it a rare diagnosis of high medico-legal significance. We aimed to estimate the prevalence of pyromania, identify psychiatric comorbidities, substance use, and related sociodemographic factors in patients with a history of pyromania within a psychiatric center in South Bronx. We hypothesize that individuals with fire-setting behavior are more likely to have antisocial tendencies, substance use disorders, and psychiatric comorbidities, leading to increased mental health service use.
Objectives: The objective of this study is to estimate the prevalence of pyromania and fire-setting behavior in a psychiatric center in South Bronx, and to examine the associated psychiatric comorbidities, substance use disorders, and sociodemographic factors. By analyzing these relationships, we aim to provide insights into the characteristics and mental health service utilization patterns of individuals with pyromania or fire-setting behavior, thereby informing future treatment strategies and interventions in urban mental health settings.
Methods: We searched for patients aged 12 and older, including all genders, who were evaluated or admitted through a psychiatric center within the South Bronx between December 2013 and December 2023 for a retrospective observational study. After applying inclusion/exclusion criteria, we included 11 patients diagnosed with pyromania or fire-setting behavior (ICD-10-CM code F63.1 or ICD-9-CM code 312.33), based on evaluation notes. We extracted and analyzed the data for demographics, substance use, comorbid psychiatric, and medical diagnosis.
Results: We found that pyromania diagnosis was found in individual's age range of 12 to 59 years (Mean Age-33.36 ± 14.72 years). All individuals were single, 82% were unemployed, 72.73% were US-born, and 91% were male. Psychotic disorders, primarily schizophrenia, were diagnosed in 73%, while 64% had a substance use disorder. The group comprised 45% Hispanic and 55% African American individuals.
Conclusions: Our study, conducted over ten years in the Bronx, revealed a strong association between firesetting behavior and psychiatric comorbidities, particularly psychotic disorders and substance use. Contrary to our initial hypothesis, we found no significant link between firesetting and antisocial tendencies. These findings emphasize the need for targeted interventions addressing both psychiatric and sociodemographic factors, especially in urban mental health settings like the Bronx.

Disclosure of Interest: None Declared

EPV0957

Deprescribing off label antipsychotic medications in a general adult psychiatry service: A risk management Perspective

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Introduction: Antipsychotic medications, initially designed for severe mental illnesses like schizophrenia and bipolar disorder, have witnessed a significant rise in off-label prescribing for a diverse range of conditions and at times these medications remain unchanged over long periods of time and poses a potential risk due to their side effect profile. There are different types of risks associated and depends on the dose of medication, age and comorbid physical health conditions of the patient.
Objectives: To evaluate the outcomes of tapering and discontinuing off-label low-dose antipsychotic medications in patients without psychiatric disorders, focusing on the effectiveness of the deprescribing process and any associated withdrawal symptoms or adverse effects.
Methods: The authors decided to review their caseload and identify patients who are prescribed off label use of antipsychotic medication for example for sleep issues, Axis 2 mental illness as per DSM-4 classification and on doses where there was no indication of antipsychotic medication. It was planned to have detailed discussion with patients about the impact of having off label antipsychotic

prescription and agreed to slowly tapper off and discontinue this medication. There were 18 patients identified with off label use of antipsychotic medication. In this quasi-experimental study design, we selected eighteen patients by convenience sampling method from the caseload who were identified to be on off label prescription of antipsychotic medications. These patients were explained to the purpose of the study and the course of intervention, and all agreed to participate in the intervention.
Results: Out of 40 patients prescribed off-label antipsychotic medications, 18 were identified for review, all had been receiving mental health services for over six months and had been on antipsychotics for more than eight weeks. The most prescribed medication was quetiapine (n=11), followed by olanzapine (n=4), risperidone (n=2), and haloperidol (n=1). These medications were prescribed for issues like sleep disturbance, anxiety, and agitation, not for mood stabilization in bipolar disorder or augmentation in depression or OCD. Patients were gradually tapered off antipsychotic medications, with quetiapine doses typically reduced by 50% over two months and halved again over the next two months. Olanzapine and risperidone were discontinued over 3-6 months. Those successfully deprescribed reported improved energy, reduced fatigue, and no long-term adverse effects like tremors or extrapyramidal symptoms.
Conclusions: Antispcyhtic deprescribing is an important part of clinical care that reduce the risk to patients and gradual tapering of low-dose off-label antipsychotic medications, including quetiapine, olanzapine, and risperidone, was largely successful in this study, with most patients experiencing improved energy and reduced sedation.

Disclosure of Interest: None Declared

EPV0958

Kickboxing therapy in a Day hospital for non-psychotic disorders

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Introduction: The limited research conducted so far suggests that kickboxing and other martial arts can positively impact psychological well-being in a psychotherapeutic setting. The study by de Vries et al. (de Vries, et al.), which focuses on the application of kickboxing with psychotic patients, suggests improvements in self-esteem, social behavior, and aggression regulation through structured, body-oriented therapy. Physical activity that is intense and structured, such as kickboxing, helps reduce stress and anxiety by increasing endorphin production, which improves mood and reduces tension.
Objectives: The aim of our study is to analyze the impact of kickboxing on non-psychotic disorders in relation to anxiety, depression, and stress levels, as well as its effect on self-esteem and the overall quality and satisfaction. To our knowledge, this research is the first of its kind in Croatia.
Methods: This study involved 11 participants who were receiving treatment at the Day Hospital for Non-Psychotic Disorders, which treats patients suffering from a wide range of anxiety disorders, mood disorders, reactions to severe stress, and adjustment disorders. The participants were a mixed group of 6 men and 5 women, aged 28 to 58, with varying levels of education and living standards. Kickboxing training has been conducted once a week for 60 minutes during consecutive 6 months. The training is conducted in a group with an individualized approach depending on the patient's condition. The assessment was conducted at two time points: the first data collection occurred before the start of therapy, and the second took place 6 months after regular kickboxing training. The comparison was made using the Wilcoxon signed-rank test.
Results: The results of this preliminary study indicate statistically significant positive changes. Compared to the results of the first assessment, participants were significantly more satisfied with their lives in the second assessment and perceived their quality of life as significantly improved in terms of physical and mental health as well as social relationships. Depression, anxiety, and stress levels were rated as significantly less pronounced, while self-liking and self-competence did not change significantly.
Conclusions: Kickboxing offers a new, innovative approach to improving mental health in the therapeutic environment of a day hospital, especially for patients suffering from anxiety and depression.

Disclosure of Interest: None Declared

EPV0959

Burden among family caregivers of children and adolescents followed for diabetes

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Introduction: Children and adolescents are a fairly vulnerable population for diabetes.
Caregivers of children and adolescents with diabetes were most involved in their care.
Measuring the burden endured by caregivers is a good indicator of the negative repercussions on caregivers when caring for their loved ones.
Objectives:
- Determine the level of burden among family caregivers of children and adolescents with diabetes.
- Identify factors associated with a high level of burden.

Methods: The study was conducted at the University Hospital of Gabès, in the pediatrics and internal medicine departments, as well as in outpatient clinics with caregivers of children and adolescents during the period from March 2024 to May 2024.
We collected sociodemographic and clinical data for each caregiver and child or adolescent followed for diabetes.
We used :
Burden scale (Zarit): explores the psychological, physical and social impact of patient care on the caregiver. The higher the score, the greater the burden. A score above 61 means a severe burden.
Results: The study included 32 caregivers. The mean age was 35.55 years with extremes of 22 and 55 years and the sex ratio (M/F) was 0.6. Workload was shared equally by 66% of caregivers (65.7%; n=21). The majority of the sample (62.5%) did not seem to have experienced family conflicts related to the caregiver's role.