EPV1000

Behavioral Variant Frontotemporal Dementia as a Catalyst for Caregiver Stress Syndrome: A Neuropsychiatric and Sociopolitical Examination

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Introduction: Behavioral variant frontotemporal dementia (bvFTD), characterized by profound personality changes, impulsivity, and disinhibition, is a neurodegenerative disorder that imposes a significant burden on caregivers. This condition is increasingly recognized as a standalone factor contributing to the onset of caregiver stress syndrome (CSS). This case explores the intricate interplay between bvFTD's neurobehavioral manifestations, its effect on caregivers, and the systemic insufficiencies in offering support.
Objectives: To highlight the correlation between behavioral variant frontotemporal dementia (bvFTD) and caregiver stress syndrome, emphasizing the systemic limitations in social and financial aid for caregivers.
Methods: A 68-year-old female presented with significant behavioral alterations, including disinhibition and impulsivity. These manifestations, coupled with frontal and temporal lobe atrophy confirmed via CT scan, pointed to a diagnosis of bvFTD. Her daughter, the primary caregiver, developed significant psychological distress in response to the escalating caregiving demands. The daughter's request for caregiver status, and subsequent efforts to obtain financial and psychosocial support, were met with significant systemic barriers.
Results: In line with broader data, caregivers of individuals with dementia—especially bvFTD—exhibit disproportionately high levels of psychological distress. The daughter's subsequent psychological symptoms mirrored national trends of caregiver overload, exacerbated by insufficient systemic response and support. Studies show that caregiver burden tends to increase over time, with upward stress trajectories due to increased caregiving demands and reduced social support. This burden can precipitate mental health problems, such as mood disorders, and increase caregiver mortality risk significantly.
Conclusions: The behavioral disturbances characteristic of bvFTD intensify the psychological burden on caregivers, who must contend with the rapid cognitive and functional decline of their loved ones. The absence of sustained financial and psychosocial support exacerbates this strain, pointing to a critical need for reforms in caregiving policies. Understanding the clinical trajectory of bvFTD and its unique caregiver challenges is paramount for developing targeted interventions to prevent caregiver burnout, improve patient outcomes, and mitigate the psychosocial and health risks for caregivers.

Disclosure of Interest: None Declared

EPV1001

Emotional intelligence among Tunisian medical residents

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Introduction: Emotional intelligence (EI) has gained increased attention in medical education and research. EI is often defined as the ability to perceive, express, understand, and manage émotions making it a crucial skill to cultivate during medical school.
Objectives: This study aimed to explore levels of global EI among Tunisian medical residents based on their demographic characteristics.
Methods: This cross-sectional study was carried out with medical residents in training at hospitals across Tunisia. We gathered data anonymously through a Google Forms survey conducted from October 2023 to January 2024. Participants first completed a sociodemographic questionnaire, followed by the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF). This 30-item assessment measures overall trait emotional intelligence and evaluates four specific dimensions : Well-Being, Self-Control, Emotionality, and Sociability.
Results: Our study included 127 participants, with men comprising one-fourth (25.2%). The mean age was 27.24±1.34 years with majority aged under 30 (93.7%). The majority of participants were single (81.8%). Most participants (71.7%) were pursuing a medical specialty. First-year medical residents represented 39.4%, while fifth-year residents made up only 1.2%. The total EI score was 4.6 ±0.68. The mean scores for the four EI traits factors were as follows : well-being 4.81±1.07, self-control 4.34±0.9, emotionality 4.86 ±0.73, and sociability 4.45±0.85.
Univariate analysis showed that higher levels of global EI, self-control, and sociability were associated with the male gender, with p= 0.027, p=0.00 and p=0.02 respectively. Also, final-year residents demonstrated significantly lower emotionality scores compared to first-year medical residents. Moreover, participants in medical specialties were significantly associated with higher well-being scores (p = 0.017).
Conclusions: It is crucial to further investigate the factors contributing to these variations in EI and to develop tailored strategies that can effectively enhance EI among medical professionals and to support its development in the next generation of physicians.

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EPV1003

Attitudes of Psychiatric Hospital Staff Toward the Risk of Criminal Behavior in Individuals with Mental Disorders

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Introduction: Recently, there has been an increase in media reports regarding crimes committed by individuals with mental disorders, leading to a deterioration in public opinion on this issue. Misconceptions about the dangerousness of individuals with mental disorders can negatively impact the prevention, treatment, and social reintegration of these patients.
Objectives: Public attitudes toward crimes committed by individuals with mental disorders are influenced by media and public opinion, and psychiatric hospital staff are not exempt from these influences. Since the prejudices of these staff members can directly affect psychiatric patients, it is crucial to assess their attitudes.
Methods: This study surveyed the attitudes of psychiatric hospital staff regarding the risk of criminal behavior in individuals with mental disorders and compared these attitudes with those of the general population.
Results: The findings revealed that psychiatric hospital staff exhibited less prejudice than the general population across six dimensions related to crimes by individuals with mental disorders: recent increase in crime, cruelty, impulsivity, violence, criminal tendency, and crime rate. Additionally, psychiatric hospital staff displayed less prejudice regarding specific disorders (schizophrenia, depression, bipolar disorder, panic disorder, post-traumatic stress disorder, dementia, attention-deficit/hyperactivity disorder, intellectual disability, and developmental disorders) compared to the general population.
Conclusions: Psychiatric hospital staff demonstrated less prejudice toward the criminal behavior of individuals with mental disorders than the general public. This difference may be attributed to their direct contact with psychiatric patients. The findings suggest potential directions for policy development aimed at reducing public prejudice toward mental disorders and associated criminal behavior.

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EPV1009

Enhancing Patient Engagement and Positive Step-Down Discharges Through Co-Production: A Quality Improvement Initiative in an In-Patient Rehabilitation Psychiatric Unit

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Introduction: This Quality Improvement (QI) programme aimed to integrate co-production principles into rehabilitation psychiatry to enhance patient-centred care and facilitate positive step-down discharges. The initiative was developed in response to suboptimal audit results, revealing low patient attendance and limited positive discharges within an in-patient psychiatric unit. Recognising the critical role of rehabilitation psychiatry in supporting recovery and reintegration, the programme sought to transform patient engagement through equitable partnerships between patients and healthcare professionals.
Objectives: The programme's primary objectives were to:

1. Implement and evaluate co-production within the Care Programme Approach (CPA).
2. Increase patient attendance at CPA meetings and improve positive step-down discharges.
3. Enhance engagement, communication, and shared decision-making to achieve better patient outcomes, including reduced anxiety.

Methods: A phased approach was employed, encompassing diagnostic, problem-solving, and evaluation stages. Root cause analyses were conducted using fishbone cause-and-effect diagrams and the 5-Why Technique. The Model of Improvement guided the programme, with change ideas developed and refined through Plan-Do-Study-Act (PDSA) cycles. Interventions included distributing patient information leaflets, staff training sessions, and introducing a structured CPA agenda template. Quantitative analysis using paired t-tests evaluated changes in attendance, discharge rates, and Hamilton Anxiety Rating Scale (HAM-A) scores. Qualitative data were gathered from a co-produced CPA questionnaire, with emerging themes integrated into the project's evolution through narrative synthesis.
Results: The implementation of co-production yielded significant improvements in patient engagement and discharge outcomes, resulting in a 50% increase in CPA meeting attendance and a 70% positive step-down discharge rate. Interventions were associated with reduced anxiety levels, evidenced by improvements in HAM-A scores. Qualitative analysis highlighted key themes, including challenges during community transitions, empowerment through shared decision-making, and enhanced communication with healthcare professionals. The structured CPA agenda template further improved patient-centred communication and care experiences.
Conclusions: The integration of co-production within rehabilitation psychiatry fosters transformative partnerships that enhance patient engagement and clinical outcomes. This QI programme demonstrates the efficacy of patient-centred interventions, supported by structured communication tools, in empowering individuals, reducing anxiety, and improving transitions to community care. Co-production provides a robust framework for advancing rehabilitation psychiatry and optimising patient care pathways.

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EPV1010

Community-based care provided by home-visiting nurses for families of individuals with mental illness, aimed at promoting family recovery in Japan

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Introduction: Families of patients with mental illness in Japan face the stigma and the significant burden of caregiving. The average hospital stay for psychiatric patients in Japan was 276.3 days in 2022. Strengthening community support for patients with mental illness and their families requires targeted support that promotes recovery for both patients and their families.
Objectives: To clarify the attitudes and perceptions of psychiatric home-visiting nurses toward family support in the community,