

sensations, and lower quality of life. Patients with past PD had greater dyspnea and physical symptom burden, swallowing difficulty, and reduced quality of life compared to those without PD. No significant differences were found between current and past PD groups.

Conclusions: The prevalence of current or past PD among patients with SA and/or CRSwNP was approximately three times higher than in the general population, corroborating previous epidemiological findings. PD was associated with poorer asthma and nasal symptom control, along with a higher burden and sensitivity to respiratory and physical symptoms. Our preliminary results suggest a need for PD screening and targeted interventions for these patients. Further studies with psychiatric interviews and objective respiratory measures are warranted.

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EPV0151

Living with 20 Medications, Attempting Suicide with 15: A Critical Perspective on the Healthcare System through a Somatization Disorder Case Report

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Introduction: Patients with somatization disorder frequently seek medical evaluations for unexplained symptoms, strongly believing they are physically ill and often rejecting psychosocial explanations. In Turkey, easy and low-cost access to healthcare and medications via the General Health Insurance system encourages frequent hospital visits. High patient loads and short consultation times hinder thorough assessments, complicating diagnoses like somatization disorder. Consequently, physicians may practice “defensive medicine,” over-ordering tests and medications to minimize risks. These practices reinforce patients’ beliefs in having an organic illness and increase the risk of polypharmacy.

Objectives: This case discusses a patient with somatization disorder experiencing multiple hospital admissions and polypharmacy due to the dynamics of the Turkish healthcare system.

Methods: A 31-year-old woman was admitted after a suicide attempt, exhibiting depressive symptoms and psychosomatic complaints. Detailed examinations of her socio-demographic data, medical and psychiatric history, current complaints, medication use, and past hospitalizations were conducted.

Results: Since age 16, the patient frequently presented with fainting, convulsions, nausea, and vomiting, undergoing extensive evaluations. She repeatedly visited emergency services for chest pain radiating to her left arm and jaw; coronary angiography found no cardiac pathology. Despite no organic cause, she was prescribed 15 different medications by various specialties, reaching 20 tablets daily, covering cardiovascular, gastrointestinal, endocrine, and respiratory systems. Due to family issues, divorce processes, and social stressors, she exhibited depressive and psychosomatic symptoms, attempted suicide 7 times, and was hospitalized in psychiatric wards 12 times. In her latest attempt, she ingested 15 fluoxetine tablets. Psychiatric evaluation revealed ongoing somatic complaints, and polypharmacy was adversely affecting her health. After consultations, unnecessary non-psychiatric medications were discontinued. Her treatment was adjusted to venlafaxine 300 mg/day, clozapine 50 mg/day, and mirtazapine 30 mg/day.

Conclusions: This case illustrates how structural issues in the healthcare system adversely affect patients with somatization disorder, increasing polypharmacy risk. Unnecessary tests and treatments reinforce beliefs in organic illness and complicate management. Healthcare professionals should approach such patients carefully, avoid defensive medicine practices, and consider early psychiatric evaluation. Policy-level changes are needed for the healthcare system to better address these patients’ needs.

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EPV0152

The Impact of Psychiatric conditions on Functional Gastrointestinal Symptoms

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Introduction: Functional gastrointestinal disorders (FGIDs) represent a significant global health burden, affecting approximately 15-20% of the population. These disorders can significantly impair quality of life, particularly in individuals facing high levels of psychological stress, such as medical students.

Objectives: To study the association between psychiatric factors, specifically anxiety and depressive disorders, and the prevalence of FGIDs among medical students in Tunisia.

Methods: A cross-sectional study was conducted among second-year medical students at the Faculty of Medicine, Sousse, from March 2023 to February 2024. Data were collected using a self-administered questionnaire designed to assess gastrointestinal symptoms such as abdominal pain, bloating, diarrhea, constipation, and heartburn. Psychiatric conditions were assessed using validated screening tools.

Results: The study included 206 students, with a strong female predominance (80.1%). Among them, 46.1% (n=95) reported experiencing between 1 and 4 digestive disorders, primarily abdominal pain and bloating (66%). Psychiatrically, univariate analysis revealed a significant association between FGIDs and several psychological factors: female gender (p<0.01), a tendency towards anger in daily life (p<0.01), anticipatory anxiety (p<0.01), and the presence of panic attacks (p<0.01).

Conclusions: Functional gastrointestinal disorders (FGIDs) are prevalent among medical students and are often linked to anxiety and depressive disorders. Preventive measures focused on stress management and mental health could significantly improve the quality of life of these students and prevent digestive complications.

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