

Methods: Cross-sectional descriptive study conducted at the occupational medicine department of the Charles Nicolle Hospital in Tunis, which interested patients exposed to SO who had consulted for a medical opinion on fitness for duty during the period from January 1, 2017 to August 31, 2022. The data collection was carried out by a telephone call using the SF12 questionnaire. Socio-demographic and medical data were completed from medical records.

Results: We identified 51 workers exposed to OS. Thirty-three employees agreed to answer the SF12 questionnaire, for a response rate of 65%. The average age was 44.8 years with a clear male predominance of 75%. The most represented sectors of activity were the automobile industry (34%), followed by the leather and footwear industry (15%) and the plastics industry (12%). The jobs most exposed to SO were manual workers (54%) and painters (9%). The median occupational seniority was 15[10; 23] years. Comorbidities were observed in 72% of employees. The average physical composite score was 48%. The average mental composite score was 49%. The average overall score was 49%. Average quality of life (overall SF12 score above 50) was noted in 60% of the population. Moderate disability (overall SF12 score between 30 and 39) was found in 18% of respondents. Twenty-one percent of workers had a severe disability (overall SF12 score below 30).

Conclusions: In addition to socio-professional conditions, exposure to SO may be implicated in altering the quality of life of exposed workers. This implies the need to strengthen preventive measures in order to preserve the mental and physical health of these workers.

Disclosure of Interest: None Declared

Pain

EPV0740

Methadone in pain management: About a case and a review of the literature

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Introduction: Methadone has been available for about half a century. It is traditionally known for its role in the withdrawal and maintenance of patients addicted to heroin or other opioids. A large body of evidence has identified a number of advantages of methadone over other opioids in the treatment of pain, including its agonist action at μ - and δ -opioid receptors, its N-methyl-D-aspartate (NMDA) antagonist activity, and the ability to inhibit monoamine reuptake, hence its interest in the treatment of cancer pain and, more recently, neuropathic pain and non-cancer pain. Methadone proves to be a treatment adapted to the management of complex painful situations, resistant to other opioids. It sometimes makes it possible to postpone an invasive act, sedation for refractory symptoms while maintaining the patient's autonomy. Its use in many countries and feedback from our colleagues agree with our observations. It is an effective molecule as an analgesic on different types of pain, including post-surgical pain, cancer-related pain or nociceptive pain

Objectives: explain the role of methadone in the treatment of chronic and acute pain.

Methods: We will explain through a clinical case the role of methadone in the treatment of chronic and acute pain. The patient was a 35-year-old nurse, married with 3 children, with problematic use of codeine and morphine for chronic pain due to endometriosis. She was put on 20mg/d of methadone with good clinical improvement.

Results: We reported the clinical case of a patient followed for endometriosis and that she presents with acute and chronic pain during and outside of menstruation. The patient was treated with (Danazol) and analgesics to manage her pain. She was initially put on level 1 analgesics: paracetamol and NSAIDs, then on level 2 analgesics, in particular codeine at a rate of 200 mg/day, without any improvement. Faced with this state, the patient was put on morphine with a gradual increase in doses on her own initiative up to 30mg/d. The patient tried to stop her morphine consumption on several occasions without succeeding. The patient was put on methadone to treat both her pain and her addiction to morphine, methadone significantly reduced her pain within a few days.

Conclusions: Methadone proves to be a treatment adapted to the management of complex painful situations, resistant to other opioids. It sometimes makes it possible to postpone an invasive act, sedation for refractory symptoms while maintaining the patient's autonomy. Its use in many countries and feedback from our colleagues agree with our observations. It is an effective molecule as an analgesic on different types of pain, including post-surgical pain, cancer-related pain or nociceptive pain.

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EPV0741

Psychopathological profile of patients with chronic low back pain

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Introduction: Chronic back pain is one of the leading causes of disability and treatment is often ineffective. Approximately 85% of cases are primary, for which the peripheral etiology cannot be identified, and maintenance factors include fear, avoidance, and beliefs that pain indicates injury. Studies suggest that an excessively negative orientation towards pain (pain catastrophism) and fear of movement/(re)injury (kinesiophobia) are important in the etiology of chronic low back pain and associated disability.

Objectives: The aim is to identify the psychopathological profile (including levels of movement phobia and catastrophic thinking) in patients with chronic low back pain who participate in a multidisciplinary group Comprehensive Care Program for Patients with Chronic Pain (PAINDOC) in the Pain Unit of the Hospital Clínic i Provincial de Barcelona.

Methods: A cross-sectional descriptive study of 75 patients aged between 28 and 68 years who participate in the treatment is carried out. A clinical interview was carried out, anxiety and depression symptoms were assessed with the Hospital Anxiety and Depression Scale (HADS), Kinesiophobia was evaluated with the Tampa Scale

Kinesiophobia (TSK-11SV) and catastrophism with the Pain Catastrophizing Scale (PCS).

Results: The results show that the patients presented a high level of catastrophic thinking, especially in the subgroup of women with a longer duration of pain. Movement phobia was observed in 27% of patients, and correlated with feelings of depression and anxiety.

Conclusions: Catastrophism is a multidimensional psychological construct that encompasses elements such as rumination, magnification, and incapacity. Catastrophic thinking in relation to pain is a risk factor for chronic pain. Kinesiophobia is based on the fear avoidance model and perpetuates a cycle of heightened fear of pain, disability, and depression. These constructs can be very useful to evaluate in patients to reduce the intensity of pain, the associated emotional suffering and reduce the probability that the pain will become chronic.

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Personality and Personality Disorders

EPV0742

BORDERLINE PERSONALITY DISORDER: ATTITUDES OF PSYCHIATRY AND FAMILY MEDICINE RESIDENTS

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Introduction: Patients with Borderline Personality Disorder (BPD) require a significant amount of time and effort on the part of general practitioners and psychiatrists, resulting in longer visits and complex medical records, with a poor resolution of both physical and mental symptoms.

These patients are likely to express feelings of anger and violence, compared to other patients which makes it difficult to deal with them.

Objectives: To determine attitudes toward patients with BPD among psychiatry and family medicine residents in Tunisia. To understand in addition the challenges that these professionals encounter in their everyday practice

Methods: An online anonymous questionnaire was distributed through social networks to psychiatry residents and family medicine resident.

The attitudes of health professionals towards people with BPD was used to assess clinicians' attitudes towards people with BPD.

Results: Thirty three clinicians were in the study. A high proportion of respondents (81.8%) were females. The age of the participants ranged from 25 to 34 years, with an average age of 28 years and 3 months (SD = 2.23). In our study 34% reported that they often see patients with borderline personality. The half of the participants (51.5%) reported a feeling being on guard when meeting borderlines while 36.4% were empathetic and neutral. The feeling of anger and frustration was reported with 12.1 % of the participants. The most frequent cause of these feelings was the difficulty of taking care of patients with BPD.

The majority of the participants (51.5%) reported avoiding working with them. However, only 39.4% reported asking a colleague to replace them in their follow-up.

The results of Attitudes of health professionals towards people with BPD Scale indicate that clinicians generally present a positive attitude towards patient BPD with a mean score 94.94 (SD=18.60)

Conclusions: Working with patients with BPD can be challenging. Professionals' attitude can create obstacles to effective communication and successful treatment.

Therefore, all clinicians should receive more specific training to be able to deal with this condition.

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EPV0743

Expectations in the treatment of delusional disorder: A case report

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Introduction: We present the case of a 43 year-old woman that, following the sudden death of his brother in 2015, begins with symptoms of anxiety, irritability and emotional instability, with a tendency to social isolation. Thereafter, she starts the development of persecutory delusions focused on the work and family environment that evolve into inappropriate behaviors to the point of abandoning her professional life.

Objectives: (1) We will carry out a complete review about persecutory delusions and its relationship with affective disorders, based on the severity of our patient's case.

(2) We will study the different lines of treatment in delusional disorder (DD) and its course and prognosis in relation to the intervention performed.

Methods: A review of the patient's history will be conducted, taking into account her biography, clinical evolution and response to the treatments received.

Likewise, a bibliographic review of the available scientific literature in relation to DD treatment strategies will be carried out.

Results: (1) DD is more common in middle-aged women. People who tend to be socially isolated are more likely to develop DD.

(2) Acute onset, in young women with identifiable precipitating factors, suggests a better prognosis.

(3) In the long term, 50% of patients recover and a further 20% experience some improvement.

(4) The combination of antipsychotic medications and psychological therapies such as cognitive behavioral therapy (CBT) is fundamental in the management of DD patients.

Conclusions: The prognosis for patients with DD varies depending on various factors, including the type and severity of the delusional ideas, and their own life circumstances. It is often possible to eliminate the behavioral alterations derived from the DD, allowing the patient to function normally. However, delusions often persist and become encapsulated.

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