2024 during periodic health assessment visits. Sociodemographic and professional data were collected. The Patient-Health-Questionnaire-9 (PHQ-9) was used to assess signs of depression.
Results: Our population consisted of 60 AT with a mean age of 47.9±7.1 years. Two participants (3.3%) were males. Nine participants (15%) had a known psychiatric history. The mean seniority was 24±7.5 years in healthcare and 10.4±8.1 years in the current ward. The mean duration of exposure to anesthetic gases was 18.3 ±10.7 years. Sevoflurane was the most utilized AA, used by 75% of the population. Ninety-five percent of the population had shift work.
The median PHQ-9 score was 7 interquartile range IQR [2;11]. Moderate to severe signs of depression were found in 26.7% of the population. Duration of exposure to anesthetic gases was significantly lower among those presenting moderate to severe signs of depression (11 IQR [5;21]) compared to those presenting no or mild signs of depression (20 IQR [11;28]) (p=0.02).
Conclusions: Long professional exposure to AA showed lower depression scores among AT. Comprehensive studies are needed to evaluate the broader mental health and cognitive effects of these agents. Understanding these dynamics is essential for ensuring the safety of healthcare professionals.

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EPV0672

A Comparative Study of Depression Score in Anesthesia vs Radiology Technicians

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Introduction: Healthcare workers are exposed to many psychological constraints, making them vulnerable to mental health issues, like depression. However, these constraints, in addition to other organizational and environmental exposures, vary between specialties and wards.
Objectives: The aim of this study is to compare depression score in anesthesia technicians (AT) and radiology technicians (RT).
Methods: We conducted a cross-sectional study among AT and RT in both University Hospitals in Sfax, Tunisia, between January and July 2024 during periodic health assessment visits. Sociodemographic and professional data were collected. The Patient-Health-Questionnaire-9 (PHQ-9) was used to assess signs of depression.
Results: A total of 79 technicians participated in the study, with 60 AT and 19 RT. Their mean age was 46.4±7.6 years and six of them were males. Ten participants (12.7%) had a known psychiatric history. The mean seniority was 22.2±7.7 years. Sixty-two percent of the population had night shift work. The median PHQ-9 score was 7 interquartile range IQR [4;12]. Moderate to severe signs of depression were found in 32.9% of the population. Depression scores were significantly higher among RT with a median of 10 IQR [6;15] compared to a median of 7 IQR [2;11] among AT (p=0.04). PHQ-9 was not associated with age (p=0.15), sex (p=0.9) or seniority (p=0.06).
Conclusions: Both AT and RT presented signs of depression. The difference of scores between the two groups stirs interests about the explaining factors. Further studies detailing different occupational constraints and exposure are needed.

Disclosure of Interest: None Declared

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Barriers to motivation for physical activity in patients with affective disorders

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Introduction: Affective disorders, including but not limited to major depressive disorder, bipolar disorder, and persistent depressive disorder, comprise a group of disorders characterized by clinically significant mood disturbances. Depression, which makes the most important contribution to the DALY index among all mental disorders, was the primary focus of this study. Physical activity, regardless of changes in body weight, has been shown to reduce symptoms of depression and the likelihood of a new episode of the disease.
Objectives: This qualitative study aimed to explore the barriers to motivation for physical activity in patients with affective disorders.
Methods: This study comprised a qualitative investigation using semi-structured interviews with thematic analysis. Following ethical approval, a convenience sample of 10 participants with affective disorders was drawn: all of the sample were female, aged 18 years or older, with 69% falling into the 27–35 years age bracket. Diagnostic and clinical information were collected, and barriers to engagement in physical activity were explored. All interviews were recorded and transcribed verbatim.
Results: Ten face-to-face qualitative interviews were completed and lasted between 30 and 60 min. The findings were summarized under the key thematic areas of Anhedonia, Fatigue, Lack of time, Fear of condemnation, and Embarrassment, illustrated by texts. The key thematic areas were further grouped under the overarching themes of 1. Personal characteristics and the influence of low mood: anhedonia and fatigue; 2. External factors: need more time; 3. Social factors: embarrassment and fear of condemnation. Then, the following barriers were identified: “Lack of Strength” barrier, “Lack of Time” barrier, and “Rejection of physical characteristics” (or self-stigma) barrier.
Conclusions: While small and exploratory, the study provides significant insights into the barriers to motivation for physical activity in patients with affective disorders. Although these findings are not generalizable to other populations or males with affective disorders, they offer valuable considerations for future research and interventions in this field. This study’s findings have profound implications for future psychosocial interventions for patients with affective disorders. By identifying and understanding the barriers to motivation for physical activity, it paves the way for more effective, individualized interventions, including those aimed at reducing self-stigma.

Disclosure of Interest: None Declared