

due to psychiatric issues. The average age of absent personnel was 45 ± 9 years, with a range of 30 to 65 years. A significant majority of the absentees were female, accounting for 85.8%. Additionally, 78.8% of the absent employees were married. University hospitals (UHs) accounted for 75.6% of absenteeism cases, with nurses being the most affected professional group (40.5%). The duration of sick leave ranged from 1 to 60 months, with an average of 8.5 months. Depression was the most frequent psychiatric cause, accounting for 82.34% of cases. The analysis showed that depression was significantly associated with several factors, notably age ($p=0.021$), job position ($p=0.049$), and employment in UHs ($p=0.027$).

Conclusions: The results indicate high levels of absenteeism, emphasizing the urgent need for a comprehensive intervention plan. This plan should prioritize preventive measures, targeting both individuals and workplace organization.

Disclosure of Interest: None Declared

EPV0812

Chronic and Transient Loneliness in Spanish Adults: Prevalence, Risk Factors, and Their Impact on Depression, Anxiety, and Substance Use Disorders

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Introduction: Chronic and transient loneliness are two clinically distinct conditions that have different impacts on mental health. However, there is limited information regarding the prevalence of chronic and transient loneliness, and their associated risk factors.

Objectives: This study aims to (1) assess the prevalence of chronic and transient loneliness among Spanish adults, (2) identify and compare the risk factors associated with both forms of loneliness, (3) examine how perceptions of loneliness contribute to its persistence, and (4) evaluate the effects of chronic versus transient loneliness on depression, anxiety, and substance use disorders.

Methods: A total of 1,503 Spanish adults were interviewed by phone from May to June 2024. Loneliness was measured with a direct question, and the three-item loneliness scale from the University of California, Los Angeles, was used for the sensitivity analyses. Chronic loneliness was defined as reported loneliness both two years ago and currently, while transient loneliness was defined as reported loneliness only two years ago. The CAGE Adapted to Include Drugs (CAGE-AID) questionnaire was used to assess substance use disorder within the previous month, anxiety symptoms were measured using the GAD-2, and depressive symptoms were assessed using the PHQ-2. Logistic regression models were constructed to examine sociodemographic and behavioral risk factors for chronic and transient loneliness, as well as the impact of loneliness perceptions on the likelihood of chronicity and the association of both types of loneliness with mental disorders.

Results: 11.4% of the sample reported chronic loneliness, while 9.5% reported transient loneliness. Risk factors associated with chronic loneliness included being a younger adult, female, living alone or with roommates, having low education level, and poor health status. In contrast, the risk factors for transient loneliness included being single or separated and frequent use of social media. Poor social support was a risk factor for both types of loneliness, though it had a significantly stronger impact on chronic loneliness

(OR = 10.1, 95% CI: 5.5–18.4) compared to transient loneliness (OR = 2.2, 95% CI: 1.2–3.8). Feelings of emptiness (OR = 2.7, 95% CI: 1.4–5.4) and perceiving loneliness as insurmountable (OR = 2.6, 95% CI: 1.4–4.6) were risk factors for chronicity among individuals feeling loneliness. Sensitivity analyses showed similar results to the main findings. Only chronic loneliness was longitudinally associated with higher odds of depression (OR = 5.0, 95% CI: 3.4–7.4), anxiety (OR = 3.1, 95% CI: 1.3–4.1), and substance use disorder (OR = 3.6, 95% CI: 1.9–6.6).

Conclusions: Chronic loneliness can be identified through its risk factors and the perceptions of those experiencing it, highlighting the importance of addressing these issues to improve mental health outcomes.

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EPV0813

Gender identity and symptoms of anxiety and depression and their relationship with sleep disorders among Polish adolescents during the Covid-19 pandemic and the outbreak of war in the Ukraine

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Introduction: For most people, gender identity is consistent with biological sex and such people are called cisgender. People in whom such a relationship does not occur or occurs to a lesser extent are referred to as gender non-conforming - and these include transgender, non-binary, agender and gender-fluid people. These groups are usually affected by minority stress, which, combined with the circumstances of the pandemic and war, may have led to mental disorders and sleep disorders in this population.

Objectives: The aim of the study was to analyze the symptoms of anxiety, depression and insomnia in a group of Polish youth during the COVID-19 pandemic and the outbreak of the war in Ukraine, taking into consideration gender differences.

Methods: The study involved 1621 secondary school students aged 14 to 19, the average age was 16.73 ± 1.35 , including 857 girls, 690 boys and 74 people who defined their gender as non-binary. A set of questionnaires for the Diagnosis of Depression in Children (CDI 2), the State-Trait Anxiety Inventory (STAI), the X-1 subscale, The Athens Insomnia Scale (AIS) and an original questionnaire of sociodemographic data were used in research.

Results: Analyzing the results obtained in the study group, the respondents scored an average of 17.99 ± 9.55 pts in the assessment of depressive symptoms. After division into genders, the overall score was 19.69 ± 9.40 pts for girls, 15.03 ± 8.68 for boys and 25.86 ± 9.91 for non-binary people. The difference was statistically significant in all groups. In the anxiety symptoms assessment, the respondents scored an average of 46.92 ± 11.67 pts. After division into genders, 49.21 ± 11.12 pts for girls, 43.39 ± 11.47 for boys and 53.39 ± 10.41 for non-binary people. The difference was statistically significant in all groups. Analyzing the results obtained in AIS, the average score was 8.31 ± 4.58 pts, which allows to evaluate sleep onset as a norm. After dividing into groups, the results were 8.95 ± 4.55 pts for girls, 7.19 ± 4.21 points for boys and 11.35 ± 5.43 for non-binary people, the difference was statistically significant. Statistically significant