Results: During the study period, 42 patients were included, with a mean age of 38 ± 10 years, all male. The study population was divided into non-commissioned officers (45.2%), unlisted men (40.5%) and officers (14.3%), 44.5% of whom belonged to the army, 19.4% to the navy, 11.1% to the air force and 25% to the joint services. The ranks most affected by psychiatric pathologies were the first-class soldier at 21.4%, the master corporal and the warrant officer at 16.7% each. The most common specialties were infantry and transport at 28.6% and 11.9% respectively. The most common work positions were administrative officer (19.1%) and infantryman (9.5%). The predominant pathologies were anxiety-depressive syndrome in 31% of cases, depression in 26.2%, anxiety disorder in 14.3% and post-traumatic stress disorder in 11.9%. Eighty-one percent were exempted from carrying weapons, 57.1% from guard duty and 2.4% from field trips, with an average exemption duration of 5 months. All requests for exemption were accepted, of which 22% led to a reform file, 14% to psychiatric care, and 5% to a notice of fitness for military service. A change of specialty was indicated in six cases, all of them to an administrative position.
Conclusions: Psychiatric disorders strongly affect fitness for military service, leading to exemptions and changes of specialty. Enhanced psychological care and rigorous follow-up are essential to preserve the operational effectiveness and well-being of military personnel.

Disclosure of Interest: None Declared

EPV1265

Psychiatric disorders and military convalescence: Prevalence, duration of inactivity and operational impact

N. Khaterchi[1], S. Kamoun[1], H. Ziedi[1] and A. Amri[1]*

[1]Occupational Medicine, Military Occupational health center, tunis, Tunisia
*Corresponding author.
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Introduction: Military personnel are exposed to intense stress and potentially traumatic environments, making them particularly vulnerable to psychiatric disorders. These pathologies can lead to prolonged periods of convalescence, affecting not only the health of individuals, but also the operational readiness of the armed forces.
Objectives: To identify the most common psychiatric causes of convalescence in military personnel and assess their impact on the operational readiness of the armed forces.
Methods: This was a retrospective study of a descriptive nature, from January 1, 2023 to August 30, 2024, which focused on military personnel who presented a request for convalescence to the occupational pathology consultation at the Military Center for Occupational Medicine and Professional Safety in Tunis.
Results: During the study period, 275 patients were included in the sample, with a mean age of 40.83 ± 9.93 years and a sex ratio of 2.77. Their average length of service was 15.62 ± 11.87 years. Depression was the most frequent psychiatric pathology, accounting for 70.9% of convalescence causes, followed by anxiety disorder at 8.7%. The most affected category was non-commissioned officers, accounting for 54.7% of cases. The ranks most affected were warrant officer in 12% of cases, chief sergeant in 11.6% of cases and head warrant officer in 10.9% of cases. Military healthcare and administration were the most represented specialties, in 17.5% and 14.2% of cases respectively. The most common workstations were nurses (15.6% of cases), administrative officers (12.4%) and infantrymen (6.2%). The average length of convalescence was 74.78 ± 88.77 days. Convalescence lasting more than 180 days accounted for 10.3% of cases.
Conclusions: Our study shows that psychiatric pathologies have a significant impact on operational readiness. The often prolonged periods of convalescence highlight the importance of implementing effective prevention and management strategies to mitigate the impact of psychiatric disorders within the armed forces.

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A case report of lithium-induced bradycardia and syncope

M. E. KILINC[1]*, E. MUTLU[1] and B. DEMIR[1]

[1]Department of Psychiatry, Hacettepe University, Ankara, Türkiye
*Corresponding author.
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Introduction: Lithium is a mood stabilizer, causing various dose related adverse effects. Cardiac adverse effects are seen more frequently in patients with previous cardiac diseases, overdoses, and chronic use.
Objectives: We report the case of a woman treated with lithium who developed bradycardia and syncope, which are rare adverse effects of lithium.
Methods: A 39-year-old woman was hospitalized due to suicidal ideation during a psychotic depressive episode. She had a previous supraventricular tachycardia episode requiring ablation but was asymptomatic for a long time. On admission, she was using sertraline 100 mg/day and olanzapine 10 mg/day. Lithium was initiated at 600 mg/day due to previous suicide attempts and being in the fourth depressive episode. On the second day of lithium therapy, the patient had a syncope lasting a minute. Electrocardiogram (ECG) showed sinus bradycardia at 46 bpm and 417 msec of QTc. She was normotensive. Her serum electrolytes, myocardial enzymes, thyroid hormones, and thyroid-stimulating hormone levels were within normal limits. Lithium was stopped. The following ECG showed sinus rhythm at 65 bpm. Cardiology consultation resulted in no contraindication to lithium therapy. Lithium was reinitiated with 300 mg, no syncope or bradycardia was observed, and the patient was discharged after 9 days. Lithium concentration was 0.66 mEq/L. The Naranjo Advers Drug Reaction Scale was scored as 5, indicating a probable relationship between syncope, bradycardia, and lithum. She is still using lithium 300 mg/day for four months with no adverse-effects.
Results: At both therapeutic and toxic lithium levels, ECG changes such as T-wave inversions, sinus bradycardia, sinoatrial blocks, PR prolongation, QTc prolongation, and ventricular tachyarrhythmias can be observed. Lithium cardiac adverse effects have been shown to increase with age and duration of treatment and can be seen in both therapeutic and toxic concentrations. Our case is unique, occurring in a relatively young patient in the early phase of lithium treatment.
Conclusions: Other causes of bradycardia should be eliminated by performing a workup that includes calcium level, thyroid function, and cardiac workup, and checking medication interactions. Lithium-induced bradycardia is reversible upon discontinuation