

**Disclosure of Interest:** None Declared

## Prevention of Mental Disorders

### EPV1449

#### Anticipatory Competence of Adolescents with Mental Disorders in the Prevention of Deviations

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doi: 10.1192/j.eurpsy.2025.1974

**Introduction:** Theoretical analysis of the problem of anticipatory competence in adolescents with mental disorders highlights its insufficient study as an integral ability that contributes to their adaptation in society and the prevention of deviant behavior.

**Objectives:** To identify and study the relationship between anticipatory consistency and deviations in adolescents with mental disorders.

**Methods:** The study involved 25 adolescents aged 12-14 (6A00.0, ICD-11) attending an educational institution for children with disabilities. The following methods were used: the "Test of Anticipatory Solvency" by V.D. Mendelevich, the "Test of Propensity for Deviant Behavior" by E.V. Leusa and A.G. Solovieva, and the "Study of Anticipatory Solvency in Adolescents" by A.I. Akhmetzyanova and T.V. Artemyeva.

**Results:** Adolescents with mental disabilities exhibit varying degrees of motor clumsiness and difficulty judging distance in visual space. They struggle to predict the consequences of their actions and are not always able to foresee conflict situations in social settings, nor respond adequately in such interactions, which often leads to the development of antisocial behavior. The majority of adolescents with mental disorders (56% of the subjects) exhibit a situational predisposition to delinquent behavior, indicating a tendency to put their own norms and values in conflict with those of the group. Correlation analysis revealed a statistically significant relationship between personal-situational anticipatory consistency and the scale of delinquent behavior ( $r=0.416$ ).

**Conclusions:** The findings of this study can be useful to practitioners working with adolescents with mental disorders, helping them to plan and organize corrective interventions that consider the development of this essential skill. Anticipatory competence is one of the factors necessary for successful socialization and the prevention of deviant behavior in adolescents.

This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program (PRIORITY-2030).

**Disclosure of Interest:** None Declared

### EPV1450

#### Predisposition to boredom and anxio-depressive disorders among nurses : A cross-sectionl descriptive study

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doi: 10.1192/j.eurpsy.2025.1975

**Introduction:** Bore-out affects three times as many employees as burn-out. It results from a lack of activity during work, and the healthcare sector, due to its monotony, promotes the emergence of these disorders

**Objectives:** Study the predisposition of hospital nurses to boredom, and investigate a possible relationship between this predisposition and their anxiety-depression profile.

**Methods:** This is a cross-sectional descriptive study conducted in April 2022 involving all nurses at the Sahloul University Hospital in Sousse. We used a pre-established questionnaire that included two validated tools: the Boredom Proneness Scale (BP) and the Hospital Anxiety and Depression Scale (HAD).

**Results:** A total of 65 nurses took part in this study. The mean age was  $36.62 \pm 4.82$  years and the sex ratio was 0.38. According to the BP Scale, 13 nurses were inclined towards boredom (20%). A predisposition to boredom has been observed among staff with less than 8 years of seniority ( $p=0.001$ ), those with no extracurricular activities ( $p=0.020$ ), those with a moderate or severe workload ( $p=0.008$ ), and those whose profession had no impact on their relationships with others ( $p=0.012$ ). The depression score on the HAD scale was moderate (32%), average (20%), and severe (12%). The HAD scale revealed that 29% of people had mild anxiety, 23% had moderate anxiety, and 12% had severe anxiety. No statistically significant relationship was found between the boredom disposition scale and the HAD scale.

**Conclusions:** Bore-out can worsen anxiety and depressive disorders by causing boredom and frustration. It is crucial to promote an engaging and varied work environment to protect employees' mental health.

**Disclosure of Interest:** None Declared

### EPV1451

#### Can a difference in socioeconomic levels influence executive functioning in a Tunisian population?

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doi: 10.1192/j.eurpsy.2025.1976

**Introduction:** Poverty's impact on mental health and quality of life is well documented. Studies have shown that the high stress levels associated with poverty increase the risk of mental illness. Moreover, cognitive abilities seem to be influenced by a low socioeconomic level. Conversely, individuals who benefit from a better socioeconomic situation since childhood and throughout adulthood are more likely to succeed academically and professionally.

**Objectives:** This paper examines the relationship between socioeconomic status and executive functioning in healthy Tunisian adults. It aims to determine if socioeconomic differences influence executive processes.

**Methods:** We conducted an experimental study with 95 Tunisian adults (ages 20-55) from the city of Tunis, divided into 4 socioeconomic

groups (low, lower middle, higher middle, and high). We used objective and subjective socioeconomic measures and assessed cognitive and behavioral executive functioning through various tests, including the Stroop and Hayling tests, verbal fluency tasks, and the BRIEF questionnaire.

**Results:** ANOVA analyses didn't show global differences between groups, but Fisher Post Hoc tests revealed that participants from the highest socioeconomic group (group 4) performed better on several tasks. Group 4 showed faster processing times on Stroop tasks, better scores on the Digit Span Task, verbal fluency tasks, and the Modified Card Sorting Test, indicating a better processing speed and stronger cognitive flexibility and working memory. Behavioral executive measures also favored group 4 in areas such as working memory and task control.

**Conclusions:** This study highlights the clear advantage of higher socioeconomic status in executive functioning. Further research could develop strategies to improve cognitive functioning and quality of life for individuals with a lower socioeconomic level.

**Disclosure of Interest:** None Declared

## EPV1452

### Modifiable risk factors and their joint effect on Schizophrenia: A perspective study

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doi: 10.1192/j.eurpsy.2025.1977

**Introduction:** Schizophrenia is a severe psychiatric disorder affecting 50% of patients intermittently and 20% chronically, with high unemployment rates (80-90%) and reduced life expectancy. Although genetic and neurodevelopmental factors are established non-modifiable risk factors, knowledge gaps persist regarding prevention strategies, particularly the combined impact of modifiable risk factors.

**Objectives:** The aim of this study is to identify the modifiable risk factors and to estimate their joint effect on Schizophrenia.

**Methods:** We conducted an exposure-wide association study (EWAS) using the UK Biobank cohort to systematically evaluate 206 potentially modifiable factors associated with schizophrenia risk. The study population comprised individuals without schizophrenia at baseline, with diagnoses determined using ICD-10 criteria. We employed Cox proportional hazard regression models with Bonferroni correction (significance threshold:  $P < 1.91 \times 10^{-4}$ ) to identify significant factors. The identified factors were categorized into six domains: lifestyle, local environment, medical history, physical measures, psychosocial factors, and socioeconomic status (SES). Domain-specific, weighed, and standardized scores were calculated based on coefficients from Cox models, adjusting for

covariates. Scores were stratified into tertiles (favorable, intermediate, unfavorable) for risk assessment. Population attributable fractions (PAFs) were calculated to quantify prevention potential.

**Results:** The study cohort included 498,351 participants (54.45% female; mean age: 56.55 years) followed for a mean duration of 14.37 years, during which 1,345 participants developed schizophrenia. We identified 86 significant modifiable factors, with disability (HR 6.23, 95% CI 5.48-7.07), depression (HR 5.06, 95% CI 4.93-5.20), and anxiety disorders (HR 3.69, 95% CI 3.12-4.36) showing the strongest associations. Our analyses suggested that transitioning unfavorable profiles to intermediate and favorable status (Estimation 1) could prevent 59.6% of schizophrenia cases, while shifting both intermediate and unfavorable profiles to favorable (Estimation 2) could prevent 90.4% of cases. In Estimation 2, the preventive potential was highest for SES (18.0%), followed by medical history (17.5%), lifestyle factors (17.0%), psychosocial factors (14.3%), physical measures (12.8%), and local environment (10.8%).

**Image:**

Table1. Weighted and unweighted PAF for the six domains

Domains	Estimation 1			Estimation 2		
	Unweighted PAF	Communality	Weighted PAF	Unweighted PAF	Communality	Weighted PAF
Lifestyles	0.239	0.282	0.116	0.536	0.252	0.170
Local environment	0.189	0.211	0.091	0.341	0.526	0.108
Medical history	0.107	0.236	0.051	0.552	0.317	0.175
Physical measures	0.273	0.319	0.132	0.402	0.144	0.128
Psychosocial factors	0.137	0.604	0.066	0.449	0.401	0.143
SES	0.289	0.349	0.140	0.567	0.360	0.180
Overall weighted PAF			0.596			0.904

Weighted PAF was calculated after considering the overlap between risk factors. In estimation 1, we shifted the unfavorable profile to intermediate favorable ones. In estimation 2, we shifted all factors to the favorable profile. SES, socioeconomic status.

**Conclusions:** This analysis identifies multiple modifiable risk factors for schizophrenia, demonstrating substantial prevention potential through multi-domain interventions. Socioeconomic, medical, and lifestyle factors emerge as key targets for prevention strategies. The consistency of associations across genetic risk strata suggests interventions could be beneficial regardless of genetic predisposition, informing targeted prevention strategies and public health policies.

**Disclosure of Interest:** None Declared

## EPV1453

### Physician's Suicidal Behaviours in Europe: Thoughts and Beliefs of Trainees and Early Career Psychiatrists

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