

**Conclusions:** The findings of this study suggest that there is a positive relationship between thought suppression and the intensity of cyberchondria among medical students. These results highlight the importance of addressing cognitive avoidance strategies, such as thought suppression, in the management of health anxiety. Future research could explore interventions that aim to reduce thought suppression, such as cognitive-behavioral therapy (CBT) or mindfulness-based techniques, as potential strategies for alleviating cyberchondria and its associated health anxiety.

**Disclosure of Interest:** None Declared

## EPV0147

### Health Anxiety in Medical Students: A Hidden Challenge in Medical Education

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**Introduction:** It is well-established that medical students often experience health-related anxiety, a phenomenon commonly referred to as “medical student syndrome” in the literature. This condition is believed to arise from exposure to life-threatening diseases during medical training.

Health anxiety is characterized by excessive worry about having a serious illness, often leading to heightened distress and maladaptive health-related behaviors.

**Objectives:** The aim of this study was to explore and compare health anxiety levels between preclinical and clinical medical students.

**Methods:** A cross-sectional, descriptive, and analytical study was conducted at the Sfax Medical School from March to June 2024. Medical students were invited to voluntarily complete a self-administered questionnaire, which collected socio-demographic data, lifestyle-related factors (such as substance use, physical activity, and medical history), and the Short Health Anxiety Inventory (HAI-18). The HAI-18 assesses the frequency and intensity of health-related worries and behaviors experienced over the past six months. The total score ranges from 0 to 54 and includes two subscales: the Health Anxiety subscale (items 1–14, range 0–42) and the Negative Consequences of Illness subscale (items 15–18, range 0–12). A score of 18 or higher on the Health Anxiety subscale indicates significant health anxiety.

**Results:** A total of 285 students participated in the study, with a predominance of females (73.7%).

The mean age was  $21.96 \pm 2.05$  years. Preclinical students constituted 31.9% of the sample, while clinical students comprised 68.1%. Most participants (91.9%) resided in urban areas, and 82.1% reported a moderate socioeconomic status. Additionally, 69.5% of participants were living with their families. A medical history was reported by 21.8% of the participants, while 17.2% had a history of psychiatric difficulties. Among these students, 5% had been hospitalized for a serious illness, for a prolonged duration or on multiple occasions.

Health-related anxiety was observed in 24.6% of participants. It was significantly associated with female gender ( $p = 0.045$ ), a history of psychiatric difficulties ( $p = 0.004$ ), and being a clinical medical student ( $p = 0.04$ ). These factors were identified as key predictors of increased health-related anxiety levels.

**Conclusions:** Female gender, a history of psychiatric difficulties, and clinical medical training were identified as significant risk factors for health-related anxiety among medical students. These findings suggest the need for targeted interventions to address and alleviate anxiety in these high-risk groups, potentially improving both mental health and academic performance within medical training environments.

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## EPV0148

### The Impact of Panic Disorder on Severe Asthma and Chronic Rhinosinusitis with Nasal Polyps: A Comparative Clinical Profile Study

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**Introduction:** Severe asthma (SA), often associated with chronic rhinosinusitis with nasal polyps (CRSwNP), contributes significantly to global disability and mortality. A personalized treatment approach, including addressing treatable traits like mental health, is crucial for improving outcomes. The impact of panic disorder (PD) on asthma symptoms and outcomes requires investigation due to their epidemiological association.

**Objectives:** To cross-sectionally compare the clinical presentation of outpatients with SA and/or CRSwNP, with and without PD, treated at the Personalized Medicine Asthma and Allergy Clinic, Humanitas Research Hospital.

**Methods:** Participants were consecutively recruited among outpatients attending follow-up visits to treat SA and/or CRSwNP from February to March 2024. All were previously enrolled in the SANI (Severe Asthma Network Italy) or RINET (Rhinosinusitis Italian Network) registries. Participants completed a comprehensive self-report survey on sociodemographic, lifestyle, medical, and psychiatric information, along with validated questionnaires assessing asthma control, severity of nasal obstruction, burden and emotional responses to physical symptoms, psychophysical well-being, and the PD module from the Patient Health Questionnaire (PHQ) screening tool, to identify provisional diagnoses for current or past PD. Data were analyzed using the Kruskal-Wallis, post-hoc Dunn's, and Fisher's exact tests, with Holm's adjustment for multiple comparisons. The significance level was set at 0.05.

**Results:** Seventy-nine patients, 46 women (58.2%) and 33 men (41.8%), participated in this study. Thirty patients (38%) had SA only, 44 (55.7%) had both SA and CRSwNP, and 5 (6.3%) CRSwNP only. Current PD was identified in 7 outpatients (8.9%), while 12 (15.2%) had past PD. Compared to patients who have never experienced PD, those with current PD had significantly worse asthma control, more severe nasal obstruction, greater dyspnea and physical symptom burden, as well as greater proneness to catastrophizing about asthma, heightened attentional focus on internal bodily