shows watched. It also contained ten questions each with a score of 1 to assess surgical knowledge. Data was analyzed using SPSS v.26.
Results: Among the 1097 respondents, 450 (41%) had a history of watching medical TV shows. The majority, 319 (29.1%), had seen these shows for < 24 hours. The mean score of all respondents was 5.79 out of a maximum score of 10. Respondents with a history of watching medical TV shows were more knowledgeable than those who did not ($p < 0.001$). Similarly, respondents with a history of watching more hours of medical TV shows were more knowledgeable than those who watched for a lesser number of hours ($p < 0.001$). Respondents with relatives in the healthcare profession were also more knowledgeable than those without ($p = 0.049$).
Conclusions: If properly developed, while maintaining their primary entertainment value, medical TV shows can also be used as efficient learning tools. Quality controls must also be applied to minimize the risk of false information.

Disclosure of Interest: None Declared

EPV0734

Neuropsychological effects of occupational exposure to organic solvents: A study of 37 cases

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doi: 10.1192/j.eurpsy.2023.2043

Introduction: Occupational exposure to organic solvents can have multiple health effects for exposed employees.Neuropsychic effects represent an important part of these effects and have a significant impact on patients' ability to work
Objectives:
- To describe the socio-professional and medical characteristics of workers exposed to organic solvents
- To screen among the study population for neuropsychological effects related to an organic psychosyndrome using the Q16 questionnaire.

Methods: A retrospective descriptive study of workers exposed to organic solvents, who were referred to the occupational medicine department of Charles Nicolle Hospital in Tunis for a medical assessment of their fitness for work over the period from 2016 to 2022. The socio-professional data were collected from the medical records. The Swedish Q16 questionnaire in its French version was used to screen for neuropsychological signs of organic psychosyndrome.
Results: A total of 37 workers were included. The mean age was 45.38 ± 8.63 years with a clear male predominance (77%). The mean occupational seniority was 21.39 ± 11.11 years. The average duration of the occupational exposure to organic solvents was 18.25 ± 11.29 years. The most represented sectors of activity were the plastics industry (11%), the automotive industry (19%), the carpentry sector (14%) and the aeronautics sector (9%). Our population was represented by polyvalent workers in 49% of cases and by painter in 24% of cases. Psychiatric history was noted in only one case. The main functional signs reported by the workers were wheezing dyspnea with breathing difficulties (13%) and headaches (11%).
The Q16 questionnaire was found to be positive in 65% of the cases, with a higher rate of positivity for the items relating to unusual fatigue (73%), irritability for no particular reason (67%), short memory (64%) and headaches (58%). Acquired dyschromatopsia detected by a Lanthony test was found in 39% of the cases, 23% of which was associated with a positive Q16 questionnaire. Additional exploration by specific psychotechnical tests was carried out in five cases, all of which came back positive with significant attentional and cognitive impairment.
A declaration of an occupational disease according to the Table n° 23 (Halogenated derivatives of aliphatic hydrocarbons) and Table n °40 (other liquid organic solvents for professional use) of the Tunisian list of occupational diseases eligible for compensation was made in three and two cases respectively. A definitive exemption from exposure to organic solvents was indicated for all workers with a positive Q16 questionnaire.
Conclusions: Exposure to organic solvents is a risk encountered in various occupational sectors. Thus, education of the employees to the dangers encountered with a reinforcement of the collective and individual technical protection means are essential in order to avoid their detrimental effects on health.

Disclosure of Interest: None Declared

EPV0735

Study of the association of work-related musculoskeletal disorders and anxiety-depressive diseases

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doi: 10.1192/j.eurpsy.2023.2044

Introduction: Mental disorders, musculoskeletal diseases (MSDs) and their comorbidities are major threats to work and functional ability. The relationship between mental health and the common MSDs has not received enough attention
Objectives: To study the socio-professional characteristics of workers suffering from work related MSD
To evaluate the association of work related MSDs with anxiety and depression disorders
Methods: A descriptive cross-sectional study conducted among workers with work-related MSDs who consulted the occupational medicine department of the Charles Nicolle Hospital between January 2022 and September 2022. A remote survey was conducted among these workers to screen for anxiety and depressive disorders using the Hospital anxiety and Depressive Scale
Results: The study population consisted of 54 workers with MSDs with a sex ratio (M/F) of 0.74. The average age was 44.4 [27-61 years]. The average professional seniority was 14.9 years±7 years and the sectors with the highest prevalence of MSDs were the health sector (22%), the food industry (13%) and the textile industry (11%). The workers reported MSDs of the lumbar spine in 61%, gonarthrosis in 31%, followed by MSDs of the upper limb in 25%.

The prevalence of anxiety and depressive disorders were respectively 46% and 38%. There was no significant association between socio-demographic factors and anxiety depressive disorders. The anxiety disorder was associated with MSDs of the lumbar spine (p: 0.05; OR: 0.32 CI95% [0.1-1.09]).
Conclusions: Anxiety and depressive disorders were common among workers with MSDs related to work. Interventions targeting psychological distress and work-related psychosocial characteristics may reduce their musculoskeletal pain.

Disclosure of Interest: None Declared

EPV0737

Effects of Autonomous Sensory Meridian Response (ASMR) on mental health.

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doi: 10.1192/j.eurpsy.2023.2045

Introduction: The Autonomous Sensory Meridian (ASMR) is a static or tingling sensation on the skin that usually starts on the scalp and runs through the back of the neck and upper spine. It has been compared to tactile auditory synesthesia and may overlap with shivering. It is a subjective experience of "low-grade euphoria", characterized by "a combination of positive feelings and a static tingling sensation on the skin". It is most commonly triggered by auditory or visual stimuli, and less commonly by intentional attentional control.
Objectives: To determine the effects produced by the perception of ASMR in the population with mental disorders.
Methods: A literature review was carried out in Pubmed using the descriptors: "ASMR" AND "mental". 7 results are obtained. The results of a time limit of 10 years were filtered, obtaining 6 results and selecting all of them for their relevance to the PICO question. Subsequently, the search was repeated using the same descriptors and time limit in the Cochrane Library and NICE, in which no results were found.
Results: The first result, an RCT of 475 people between the ages of 18 and 54, showed that 80% of the participants answered positively when asked if ASMR has an effect on their mood, while 14% were not sure and 6 % felt ASMR did not alter their mood. When subjected to a mixed ANOVA with factors for time (before, during, immediately after, and 3 h after ASMR) and for depression status (high, medium, or low as defined by the BDI), we found a significant main effect. of time in mood. [p<0.0005]
In one of these studies, the default neural network (the one that works when the brain is relaxed) was analyzed in 11 volunteers in whom ASMR caused them to relax, in contrast to 11 individuals in the control group. At the end of the study, the ASMR volunteers generally showed less functional connectivity than the other volunteers. It also showed "increased connectivity between regions of the occipital, frontal, and temporal cortices," suggesting that ASMR favors the association of those networks that are activated in the resting state.
Conclusions: With the available evidence it is concluded that ASMR could improve of the affective clinic reflected in the parameters of the Beck depression scale as well as a sense of calm and relaxation and it reduces the heart rate or increases the conductivity of the skin, something that happens when certain emotional states are altered.

Disclosure of Interest: None Declared

EPV0738

Insights into Public Health Policy and Practice: The Role of Social Determinants in Mental Health and Resilience After Disasters

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doi: 10.1192/j.eurpsy.2023.2046

Introduction: Both natural disasters such as wildfires, earthquakes, tsunamis, and hurricanes, as well as man-made disasters such as civil wars, have been known to result in significant mental health effects on their victims.
Objectives: The purpose of this general literature review is to analyze the impact and contribution of social determinants to mental health and resilience following natural and man-made disasters.
Methods: In this paper, we specifically explore some of the most studied factors relating to vulnerability and protection, such as gender, age, ethnicity, social support, and socioeconomic status on mental health and resiliency in disaster survivors. In addition, several other possible factors were discussed, such as previous trauma, childhood abuse, family psychiatric history, and subsequent life stress.
Results: Using key words such as mental health, social determinants, disasters, wildfires, earthquakes, terrorism attacks, and resilience, we conducted a literature search in major scientific databases
Conclusions: A discussion of the implications for public health policy and practice is presented

Disclosure of Interest: None Declared

EPV0739

Assessment of the quality of life of workers exposed to organic solvents: Study of 33 cases

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doi: 10.1192/j.eurpsy.2023.2047

Introduction: Exposure to organic solvents (SO) is a significant occupational hazard in industrial settings. This can lead to neurobehavioural and physical effects that can affect the quality of life of workers
Objectives: To assess, using a validated questionnaire, the quality of life of workers exposed to SO.