Objectives: This study focused on the Hardiness as the important personality trait, which allow coping with stress and the relationship of empathy, emotional sensitivity and the personality hardiness.
Methods: 88 healthy volunteers, students aged 17 to 26 years (mean age = 19, SD = 1,69), participated in this study. We used Cloninger's Temperament and Character Inventory (TCI), the Maddi Hardiness Survey (adapted by Leontyev), Buss Perry Aggression Questionnaire (BPAQ), the Barratt impulsiveness scale (BIS-11), Maslach Burnout Inventory (MBI), the Questionnaire Measure of Emotional Empathy (QMEE).
Results: The cluster analysis was used to identify groups of hardy personalities. We demonstrated a negative relationship between hardiness and depression and burnout. It revealed significant differences between these groups by the following traits: Attention (BIS-11), Self-Control (BIS-11), Cognitive Complexity (BIS-11), Hostility (BPAQ), Exploratory activity (NS1 TCI), Shyness of strangers (HA3 TCI), Resourcefulness (S3 TCI). Regression analysis was used to identify Hardiness factors and to build the following regression models. For the first group the models describe 100% of dispersion (R-square=1,000, Durbin-Watson statistic = 1,419) and are:
*Control = -16,998 - 2,922*C2 + 3,549*C5 + 3,264*CI + 0,723*ST2 + 0,747*S4 - 0,306*SC + 0,166*RD3 - 0,020*C — 0,003*NS2,* where *C2* – scale Empathy (TCI), *C5* – scale Principles (TCI), *CI* – cognitive instability, *ST2* – Transpersonal identification scale (TCI), *S4* – Self-acceptance (TCI), *SC* – Self-Control (BIS-11), *RD3* – Social attachment (TCI), *C* – Cooperativeness (TCI), *NS2* – Impulsive decision making (TCI).
The *Hardiness* model described 50% (R-square=0,456) of dispersion: *Hardiness = 63,527 – 4,080*C2*, where *C2* –Empathy scale (TCI) (*p=0,003*).
The regression models of the second group explain 50% of group dispersion (R-square=0,512) and are Independent variables significance *p<0,05*:
*Challenge = 12,484 + 0,389*SC + 0,197*EE — 0,702*RD1 — 0,206*A,*where *SC*- Self-Control scale (BIS-11), *EE* – Emotional Empathy (Personality test of Emotional Empathy), *RD1* – Sentimentality scale (TCI), *A* – Anger (BPAQ).
The *Hardiness* model describes 35% of dispersion (R-square=0,364, Durbin-Watson statistic = 2,066):
*Hardiness = 100,352 + 0,941*SC — 0,527*H,* where *SC* – Self-Control scale (BIS-11) (*p=0,009*), *H* – Hostility scale (BPAQ) (*p=0,021*).
Conclusions: Thus, the attention and self-control problems, hostility, cognitive complexity and shyness have a negative impact on hardiness.Our results suggest that the excessive use of empathy leads to decrease of ability to control situation and cope with the stress.

Disclosure of Interest: None Declared

EPV1176

Somatic disorders in patients followed for a psychiatric disorder at the Ar Razi hospital in Morocco

Y. BENSALAH[1]*, S. BELBACHIR[1] and A. OUANASS[1]

[1]Psychiatric hospital Ar Razi, Salé, Morocco
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1726

Introduction: Somatic disorders in patients suffering from psychiatric disorders have become an important issue in the overall care of these patients
Comorbidity studies show that 30 to 60% of patients consulted or hospitalized in psychiatry present an associated organic pathology However, the detection of somatic conditions in psychiatric patients remains too late and this exposes them to sometimes lethal somatic complications
Objectives: To evaluate the prevalence of somatic disorders in patients followed for a psychiatric disorder at Ar Razi hospital in Salé – Morocco, and to determine the associated factors
Methods: We carried out a cross-sectional study with 80 patients followed for a psychiatric disorder at Ar Razi hospital in Salé presenting clinical signs in favor of an organic pathology and transferred for specialized advice to the medical-surgical services, in the period from September 1st, 2022 until August 31st, 2023.
Results: Most of our patients were male (65%) with ages ranging from 18 to 65 years. Addictive behaviors were found in more than half of our patients.
The most frequent reasons for requests for advice from medical-surgical services was the suspicion of an organic cause of psychiatric symptoms in 25% of cases or the presence of an organic warning sign in 30% of cases.
The comorbidity of somatic illness and psychiatric disorder was noted in 35% of cases.
Somatic comorbidities were essentially: infections and cardiovascular diseases.
Side effects of psychotropic drugs were predominantly neurological in 40 % of cases
Conclusions: Somatic comorbidities in patients hospitalized or in consultation in psychiatric hospitals are very common, often unrecognized, hence the need for early screening in order to improve care.

Disclosure of Interest: None Declared

EPV1178

Introduction of Hungarian Association of Psychiatric Trainees - EPA - Hungarian NPA Joint Symposium

F. Kupcsik

Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary
doi: 10.1192/j.eurpsy.2024.1727

Introduction: The purpose of my presentation is to introduce the Hungarian Association of Psychiatric Trainees (HAPT), - our NAT - to you, which includes residents and young specialists within five years of training.
Objectives: Currently we have 108 members, from 15 cities and villages throughout Hungary, and one person is working in Denmark. The vast majority (58 %) of the members are from Budapest, our capital city. There are 14 members, who are young specialists, the others are doing residency training. We have 21 members who are working in child and adolescent psychiatry.
HAPT has been existed since 2013, so in the previous years, our founder members have reached the point when they no longer meet the criteria of being 'psychiatric trainee' or 'young specialists', however every year we encourage the new residents to join us.

Methods: -
Results: OUR DUTY: The main goals of HAPT are educating ourselves, forming a community and making connections with colleagues country-wide and last but not least, trying to stand up for our interests, when needed.
Throughout the year we organize educative presentations about topics that are somehow left out of focus during the official training program. Every year our main event is a three-day long weekend, where we can go deeper into a couple of topics via presentations or workshops, and it is also a great opportunity to get to know each other better.
We also organize case-discussion-groups according to the Balint method, considering the residents' daily difficulties and trying to pay more attention to their mental well-being.
Last year we tried some other ways to broaden our perspectives in the form of cultural events, when we watched a movie or a play and then discussed it together as a group, had been led by a psychotherapist.
HAPT is part of the Hungarian Psychiatric Association and the relationship between the two Organizations has a constantly changing dynamics – in some ways we are trying to be more independent, however, there are common goals that are important for all of us, for example being present on at international events.
Conclusions: FUTURE GOALS: One of our future plans include being more active in the European community, like getting to know the EFPT or the ECP better. This conference is a perfect opportunity for all of us to make new professional connections.

Disclosure of Interest: None Declared

EPV1179

Exploration of dreams in Charaka Samhita – an Ayurveda text and their content analysis of prodromal dreams in various conditions

A. K. Iyer[1]* and W. Upadhyaya[2]

[1]Unaffiliated, Independent, London, United Kingdom and [2]Centre Ahimsa, Paris, France
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1728

Introduction: Research into dreams, have shown the association between increased frequency of distressing dreams, specific content themes (analysed using the Hall Van de Castle system) and greater incidence of progression of neurological conditions and dementia. The history of predicting illnesses by the content of dreams, in the western world is popularly traced backed to the ancient Greek medicine. This stimulates the curiosity if any such practices existed in the ancient medical practises of the eastern world. Ayurveda is one such traditional system of medicine, that is native to the Indian subcontinent. Charaka Samhita is one of the oldest texts on Ayurveda consisting of 8 sections and 120 chapters totally. This text was selected for the purpose of this review, with the line of enquiry such as what does Ayurveda say about dreams associated with illnesses? What are the contents of such dreams? Furthermore, the dream content analysis was done using the Hall Van de Castle system, which is probably the first time being done on an Ayurveda text content.
Objectives: 1) To explore if, Charaka Samhita mentions, describes dreams in relation to illnesses, stages of illnesses and their prognosis. 2) To analyse content of the dreams seen in prodromal stage of illnesses.
Methods: 1-The Charaka Samhita text was scanned chapter by chapter, to answer the questions- a) What are the types of dreams? b) Are any associated with illnesses? c)Are any dreams mentioned in the prodromal stage of illnesses? d)What do they imply? e)What are their contents? 2- The contents of prodromal dreams were analysed against the categories of Hall Van de Castle system.
Results: As per Charaka Samhita, the types of dreams are, i) those based on what was seen ii) heard iii) reflected upon iv) desired v) imagined vi) those of prophetic type and vii) those caused by illnesses. Specific dreams in the prodromal stage, predict manifestation of specific illnesses (mild or fatal). In the diverse dream contents (18 themes mentioned) ranging from things animals to gods and demons, except the elements of the past, rest of the general categories occur, at least once. The categories characters, objects, activities and social interactions were more common than the rest.
Conclusions: Thus akin to the ancient Greek medicine, Ayurveda too had the practice of predicting illnesses based on the dream contents.

Disclosure of Interest: None Declared

EPV1180

Subjective discomfort and lack of volitional drive with neuroleptic pharmacotherapy - a phenomenological case study

L. Korošec Hudnik[1] and I. Kosmačin[1]*

[1]Department for Intensive Psychiatric Treatment, University psychiatric clinic Ljubljna, Ljubljana, Slovenia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1729

Introduction: In comparison to extrapyramidal and metabolic side effects, the subjective aspects of neuroleptic treatment have been less extensively researched. Nevertheless, they are equally significant given their potential to influence adherence and functional outcome. Historically, terms such as "neuroleptic dysphoria," "neuroleptic-induced psychic indifference," and "neuroleptic-induced deficit syndrome" were used to characterize a range of unpleasant mood states on the one hand and a documented and observable motivational deficit on the other. The latter aligns with the findings from preclinical neuroscientific studies and animal models highlighting the significant involvement of mesolimbic dopamine in motivational processes. Despite an abundance of anecdotal data these adverse effects are often undetectable in large-scale clinical studies that utilize standardized assessment measures.
Objectives: To present adverse subjective changes in arousal, mood and volitional drive resulting from neuroleptic intake from a patient's perspective.
Methods: The subject is a patient, with no reported negative symptoms or lasting functional impairment described, who underwent a gradual 6-month discontinuation of risperidone in an outpatient setting following a complete recovery after a single psychotic episode. A semi-structured interview modelled after

https://doi.org/10.1192/j.eurpsy.2024.1727 Published online by Cambridge University Press