

Promotion of Mental Health

EPP0325

Components of well-being and distress that foster resilience in medical students

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Introduction: The shortage of medical professionals is becoming a nearly unsurmountable burden worldwide. Increasing uncertainties in the external environment require enhanced capacity for predicting future outcomes from the young adult population of medical students.

Objectives: To find the level of resilience, the domains of psychological well-being and the symptoms of distress; and to identify associations between them in a cohort of medical students.

Methods: Data were collected in the 2022-23 academic year among Hungarian and English medical students at Semmelweis University. An online questionnaire was circulated via the official academic administration system (Neptun) with the incentive to provide personal results with available resources for those who requested it. Besides age and gender, we applied the short form of the Nicholson McBride Resilience Questionnaire (NMRQ), Ryff's Psychological Well-being Scales (PWB), and the Depression, Anxiety and Stress Scale (DASS). Additional to descriptive statistics, univariate analyses as well as multiple regression analyses (SPSS v.24) were used. (Ethics permission No: BM/5326-2/2023).

Results: Altogether 318 students (132 Hungarians) filled the questionnaire, and 251 students requested personal answers. 114 males participated with a mean age slightly higher than that of females (24 (SD:4) vs 23 (SD:3) ys). Hungarians (H) demonstrated lower resilience (Mdn:37, IQR:32, 42) than international (I) students (Mdn: 41, IQR: 36, 47), $U=15287$, $p<0.001$. Both H and I students showed similar patterns on PWB, scoring highest on personal growth, purpose in life and positive relations with others; while reaching lowest scores on environmental mastery, and lower scores on autonomy and self-acceptance. However, they demonstrated differences in each of the domains (see table).

	Hungarian n=132 (Mn (SD))	International n=186 (Mn (SD))	t (316)	p
Autonomy (A)	34 (7.9)	36 (7.4)	-2.8	0.004
Environmental Mastery (EM)	32 (8.4)	34 (7.7)	-2,1	0.04
Personal Growth (PG)	42 (5.6)	40 (7.2)	2.9	0.004
Positive Relations (PR)	41 (8.4)	37 (7.7)	4.6	<0.001
Purpose in Life (PL)	42 (7.8)	38 (8.0)	3.5	<0.001
Self-Acceptance (SA)	36 (10.4)	36 (7.7)	0.2	n.s.

Higher prevalence of symptoms of depression, anxiety and stress were found in I students. Multiple regression analyses resulted in statistically significant models for both H ($F(11, 121)=19.6$; $p<0.001$; $R^2=0.641$) and I students ($F(12, 143)=8.98$; $p<0.001$; $R^2=0.430$) indicating that EM ($t=4.7$; $p<0.001$), PL ($t=-3.2$; $p=0.002$), SA ($t=4.2$; $p<0.001$), A ($t=2.9$; $p=0.005$), and anxiety ($t=4.06$; $p<0.001$) significantly predicted the strength of resilience in H, while autonomy ($t=4.9$; $p<0.001$) proved to be significant predictor in case of I students.

Conclusions: These single-centre results need to be further clarified on national and international level to stimulate interventions for strengthening resilience through establishing a caring network by universities for the fragile population of medical students.

Disclosure of Interest: None Declared

EPP0328

The impact of family communication patterns on parent-child attachment and child quality of life

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Introduction: Previous research has demonstrated stable patterns of family communication. The Revised Family Communication Pattern Instrument (RFCP) is a common measure of these patterns. It posits two orientations: conformity orientation, characterized by a tendency to seek agreement within the family and by authoritarian decision-making; and conversation orientation, characterized by shared decision-making with the child and frequent family discussion.

Objectives: The primary aim of our research was to adapt the RFCP questionnaire to the Hungarian language. Based on previous research, we hypothesized a negative relationship of conversation orientation and a positive relationship of conformity orientation with parents' mentalizing problems, parental stress and burnout. According to our hypothesis, conformity orientation would predict both attachment anxiety and avoidance, whereas conversation orientation would decrease attachment anxiety.

Methods: Parents of children aged 6–17 ($N=269$, female=86,2%, mean age=42,64 [$SD=6,10$] yrs) completed the following online questionnaires: Child Quality of Life Questionnaire (ILK) parent version, Reflective Function Questionnaire (RFQ-8), Experiences of Close Relationships Questionnaire (ECR-RS), Parent Burnout Questionnaire (PBA-HUN), Perceived Stress Questionnaire (PSS) and the RFCP instrument. We conducted a confirmatory factor analysis. Linear regression analyses predicting attachment anxiety and avoidance included two factors of the RFCP, the RFQ-8, the

PBA-HUN, and the PSS total score, as predictors. In addition, two factors of the ECR-R were included in the linear regression analyses predicting quality of life.

Results: The confirmatory factor analysis confirmed the original two-factor structure of RFCP ($\chi^2=5482.21$, $df=325$ $p < .001$, $\chi^2/df=16.86$, CFI=0.91, TLI=0.90, RMSEA=0.075 (90% CI 0.068–0.082)) and their internal reliability (Cronbach's alpha = .78 and .74). Attachment avoidance ($R^2=0.12$, $F(5)=7.38$, $p < .001$) was only predicted by conversation orientation ($\beta=-0.28$, $p < .001$), while attachment anxiety was predicted ($R^2=25.2$, $F(5)=17.7$, $p < .001$) by conformity orientation ($\beta=0.24$, $p < .001$), parental mentalization difficulties ($\beta=0.20$, $p < .001$) and parenting stress ($\beta=0.15$, $p = .015$). Parental report of the child's quality of life was predicted most strongly by attachment anxiety ($\beta=-0.28$, $p < .001$), followed by conversation orientation ($\beta=0.21$, $p < .001$) and attachment avoidance ($\beta=-0.18$, $p < .001$, $R^2=28.8$, $F(7)=15.17$, $p < .001$).

Conclusions: The Hungarian version of the RFCP questionnaire has proven to be a reliable questionnaire. The importance of family communication patterns is demonstrated by the fact that it explains both the quality of parent-child attachment and the parent's report on the child's quality of life.

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EPP0329

Promoting mental health by peer education at the University of Debrecen

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Introduction: Medical students have been shown to experience mental health problems more frequently compared to their non-medical student peers. This can manifest in pathological levels of stress and depression, and can lead to substance abuse, reduced academic performance, or even suicide.

Objectives: A credit course on professional socialization is offered for medical students at the University of Debrecen in the form of peer education. Our goal was to evaluate experiences of this course delivered in the past 5 academic years.

Methods: After reviewing the relevant literature, the structure of a focus group interview was developed. The focus group consisted of 8 participants and was moderated by the course supervisor with the help of an assistant moderator. The group summarized the number of students completing the course, and narratives of teaching experiences between 2018/19 and 2022/23. They also revised relevant versions of the tutors' handbook containing the topics and methodology of the course. The duration of the interview was 90 minutes, and it was tape recorded by the assistant moderator, who also made notes in case the tape is inaudible.

Results: Between 2018/19 and 2022/23 61 students finished the course with the help of 23 tutors. The course is offered for students of general medicine, dentistry and pharmacy to improve their positive professional attitudes and social skills through group work and practical exercises. The medical curriculum includes

mandatory courses with practical opportunities for developing professional and social skills, but due to the limited number of contact hours and the varying levels of student interest and motivation, these skills are difficult to master. The credit course was developed using the concept of Balint groups, offering peer-supervised opportunities for motivated students above year 2 to practice their professional skills in controlled conditions while also receiving feedback from their peer group leaders. The course complements the traditional medical curriculum and sensitizes students in a protected environment in which they can observe their own communication more consciously and recognize unfavourable behaviour patterns. Developing the ability to work in a team, learning to listen, and practicing assertiveness during study years can also reduce performance-related stress and future medical errors along with increasing job satisfaction and patient adherence.

Conclusions: Based on the narrative summary of the focus group, both the experiences of participating students and peer teachers are positive, the handbook is a useful tool. The structured focus group provides a suitable method to evaluate the credit course which should be held once every academic year to evaluate the implemented course and explore options to improve future courses.

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Psychopharmacology and Pharmacoeconomics

EPP0330

Dyslipidemia induced by antipsychotics: differences between schizophrenia and bipolar disorder

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Introduction: The introduction of antipsychotics, especially of newer generation, greatly affects the effectiveness of the psychiatric treatment of patients with schizophrenia (SCH) and bipolar disorder (BP). Patients suffering from SCH and BP often have metabolic syndrome (MetSy), as a result of taking antipsychotic therapy, especially in patients with abdominal obesity, there is an atherogenic fat profile that carries a high risk for the development of dyslipidemia.

Objectives: To investigate frequency and differences of somatic diseases in patients with SCH and BD depending on the presence of MetSy.

Methods: This five-year prospective study was conducted in the Psychiatric Hospital of Canton Sarajevo. We followed 135 patients with SCH and 135 patients with BD, aged 30 to 69 years, who were treated with antipsychotics for five years.

Results: Dyslipidemia was significantly more common in SCH patients (73.3%), compared to BD (54.1%) and was dominantly presented in women (61.4%). The frequency of dyslipidemia increased with the age of the patient. Associated risk factors in patients with SCH diagnosed with dyslipidemia were 73.5% smokers, 78.7% hypertensive patients, 69.7% patients with elevated