

mood fluctuations throughout the admission, is subsequently oriented as an acute stress disorder, adaptive reaction with an anxious-depressive component and finally concluding that we are facing a dissociative disorder, highlighting the depersonalization/derealization on a dysfunctional personality base.

Conclusions: Characteristic of depersonalization is the great difficulty in describing symptoms, the feeling of being disconnected from one's own body, emotions and reality. The latest studies on etiopathogenesis with MRI show an inhibitory response on the limbic system by hyperactivation of the ventrolateral prefrontal cortex as well as a decrease in the autonomic response, the initial result being the attenuation of the processing of emotions. Among the differential diagnoses: post-anxiety illness disorder, major depressive episode, other dissociative disorders, panic disorder, psychotic disorder, substance-induced disorder. There are several partially effective treatments, although the results so far are poor. SSRIs, quetiapine and naltrexone have been tried. Partial efficacy with lamotrigine together with SSRIs and, if high levels of anxiety coexist, SSRIs together with clonazepam. There are studies where psychodynamic psychotherapy, behavioral therapy and hypnosis have obtained partially effective results.

Disclosure of Interest: None Declared

EPV0075

Quality of Life Assessment in Patients with Knee Osteoarthritis

A. Feki^{1,1*}, I. Sellami², F. Ellouze³, M. Yahya³, S. Baklouti¹ and M. H. Elleuch³

¹Rheumatology; ²Occupational medicine, Hedi Chaker Hospital and ³Physical Medicine and Functional Rehabilitation, Habib Bourguiba Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.870

Introduction: Osteoarthritis is one of the most common diseases and a leading cause of functional limitation and dependence, significantly impacting the quality of life (QOL).

Objectives: The aim of this study was to evaluate the impact of knee osteoarthritis on QOL and identify associated factors.

Methods: This prospective cross-sectional descriptive study was conducted in the Physical Medicine and Functional Rehabilitation Department over a 4-month period, involving patients with symptomatic bilateral knee osteoarthritis (according to the American College of Rheumatology (ACR) criteria). Sociodemographic data, comorbidities, and characteristics of knee osteoarthritis were collected. The assessment of QOL and the functional impact of knee osteoarthritis were based on the KOOS (Knee Injury and Osteoarthritis Outcome Score) self-questionnaire, Lequesne Index, and modified WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index) Score. The KOOS questionnaire included 5 subscales: pain (KOOS-Pain), symptoms other than pain (KOOS-Symptoms), activities of daily living (KOOS-ADL), sports and recreational function (KOOS-Sport), and QOL (KOOS-QOL).

Results: We included 30 patients with an average age of 59.27±6.3; the male-to-female ratio was 0.15. Sixty percent of patients lived in urban areas, with varying levels of education: primary (n=10),

secondary (n=4), and university (n=4), while the majority were illiterate (40%). Most of our patients were employed, with 64.28% engaging in significant physical activity, resulting in an average of 6±2 days of work absenteeism every 3 months due to knee pain. The mean duration of knee osteoarthritis was 7.97 years±3.14. The average pain visual analog scale (VAS) score was 5.2±0.4. Knee osteoarthritis was classified as stage 2 in 40% and stage 3 in 60% of cases. Regarding functional impact, the mean WOMAC global index was 16.6±4.68, and the mean Lequesne Index was 11.05±3.45; moderate disability was observed in 16.7%, significant disability in 50%, and severe disability in 16.7% of patients. Furthermore, the KOOS questionnaire revealed decreased KOOS-Sport and KOOS-QOL scores, with mean values of 35±10.2 and 37±8.9, respectively. Our study identified factors associated with a poor quality of life: age > 65 years (p<0.05), disease duration (p=0.02), and VAS pain > 5 (p=0.02).

Conclusions: Improving the quality of life is an essential therapeutic goal in managing knee osteoarthritis. Our study demonstrates that advanced age, longer disease duration, and high pain intensity can negatively impact quality of life.

Disclosure of Interest: None Declared

EPV0076

The impact of Obstructive Sleep Apnea Hypopnea syndrome severity on depression and anxiety disorders

A. Fki^{1*}, A. Ben Lazreg², R. Bouchech³, R. Ben Cheickh³ and G. Sakly³

¹occupational medicine, Sahloul university hospital; ²Faculty of medicine and ³department of neurophysiology, Sahloul university hospital, Sousse, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.871

Introduction: Obstructive sleep apnea hypopnea syndrome (OSAHS) is a chronic source of stress that can alter the emotional state of affected patients.

Objectives: This study aimed to assess the impact of OSAHS severity on depression and anxiety disorders in a Tunisian population of apneic patients.

Methods: We conducted a cross-sectional study, involving 40 patients diagnosed with OSAHS by polysomnography in the Sleep unit, department of Neurophysiology at Sahloul university hospital in Sousse, Tunisia. Anxiety and depressive disorders were detected using the Arabic version of the HADS (Hospital Anxiety and Depression Scale).

Results: The mean age was 49.7 ± 7.87 years with a sex ratio of 1.1. The mean apnea-hypopnea index (AHI) was 29.72. OSAHS was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. One third (30%) of patients received a treatment with continuous positive airway pressure (CPAP). The prevalence of depression in the study's patients, according to the HADS, was 56.4% and that of anxiety was 59%. There was a positive linear relationship between AHI and scores of depression and anxiety (p=0.045 and p=0.037 respectively). Similarly, a significant association was found between HAD scores and treatment with CPAP (p<0.05).

Conclusions: These results show a high frequency of anxiety-depressive disorders in patients with OSAHS. Severity of OSAHS