

salaries, 40% with their workload, 54% with supervision, and the quality of training provided in their hospitals. The political situation in the country and social security were considered unsatisfactory by 92% and 90% of the participants, respectively. Among the potential reasons studied to explain this emigration phenomenon, working conditions were a factor in 54% of cases, salary in 56%, training in 36%, and quality of life in 56%.

Conclusions: The emigration of young Tunisian medical professionals is driven by a range of factors, including working conditions, salaries, training opportunities, and quality of life. To counteract this phenomenon, it is crucial to enhance these aspects in order to retain these talented individuals in the country and thereby bolster the Tunisian healthcare system.

Disclosure of Interest: None Declared

EPV1185

Prevalence and Risk Factors of Burnout Among Medical Residents in Tunisia: A Cross-Sectional Study

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Introduction: The burnout syndrome is a blend of physical exhaustion and emotional fatigue that impairs an individual's performance at work. In Tunisia, factors like working hours, the frequency of monthly shifts, and the physical and emotional abuse that physicians face from patients have collectively led to a significant incidence of burnout among medical professionals.

Objectives: To evaluate the prevalence of burnout syndrome among medical residents working in healthcare facilities in Tunisia and to pinpoint the contributing factors.

Methods: This study is a descriptive cross-sectional survey conducted among medical residents completing their training in various healthcare facilities in Tunisia. The study employed an online self-administered questionnaire and assessed burnout across three dimensions: personal burnout, professional burnout, and relational burnout, using the Copenhagen Burnout Inventory (CBI).

Results: A total of 50 physicians took part in the survey. Among them, 72% were female, 80% were single, and the average age at the time of the study was 27.72 years. Concerning their professional status, 84% worked in university hospitals, 16% specialized in surgery, 40% specialized in medicine, and 44% were family physicians. The majority were students from the Faculty of Medicine in Sfax (56%), with 30% in Monastir, 8% in Tunis, and 6% in Sousse. Regarding their work hours, more than 40 hours per week were reported by 32% of participants. According to the CBI scale, 12% of participants had scores indicating severe personal burnout, while 20% had scores indicating moderate personal burnout. Additionally, 16% reported severe professional burnout, and 12% had scores suggesting severe relational burnout. In contrast, only 8% had scores indicating moderate relational burnout. The socio-demographic and professional factors that were studied, such as weekly working hours, monthly shifts, specialty, and workplace, did

not show a significant correlation with the presence of burnout syndrome.

Conclusions: Burnout syndrome among medical resident physicians not only impacts their physical and mental well-being but also reduces their effectiveness and motivation at work. It is essential to introduce stress management strategies within hospitals to foster a healthier work-life balance.

Disclosure of Interest: None Declared

EPV1186

Women's Attitude Toward Fertility And Childbearing in Saudi Arabia

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Introduction: The decline in fertility is one of the major problems worldwide that could affect family structure. Many studies have been conducted to assess attitudes toward fertility and childbearing around the world, but there's a lack of research about that in Saudi Arabia (SA). The study aims to assess women's attitudes toward fertility and childbearing in SA and to investigate its association with sociodemographic, medical, and psychological factors.

Objectives: Aim of the Study: The purpose of the study is to assess women's attitudes toward fertility and childbearing in Saudi Arabia and to investigate its association with sociodemographic, medical and psychological variables.

Specific Objectives:

1. To assess women's attitudes toward fertility and childbearing in Saudi Arabia.
2. To investigate association between attitudes toward childbearing with sociodemographic characteristics in Saudi Arabia.
3. To investigate association between attitudes toward childbearing with medical and psychiatric history in Saudi Arabia.
4. To investigate association between attitudes toward childbearing with the childbearing preferences in Saudi Arabia.

Methods: This cross-sectional study of a convenient sample of 2172 women in SA in Dec 2022 and Jan 2023. Data were collected through a survey link that contains: 1) Sociodemographic data, 2) medical and psychiatric history, 3) childbearing preference and 4) the Arabic version of the Attitudes toward Fertility and Childbearing Scale (AFCS). Data were analyzed by SPSS 25 ; We described the variables in means \pm SD or percentage as appropriate. Student's t-test and ANOVA were performed to analyze differences between the components and background characteristics.

Results: Individuals in the age group of 18-25 years (25.54 ± 9.08 , $p < 0.001$), unmarried (25.23 ± 8.87 , $p < 0.001$), and diagnosed with a psychiatric disorder (24.76 ± 9.51 , $p < 0.002$) scored lower in importance of future of childbearing. In terms of hindrance at present and childbearing preparation, individuals in the age group of 18-25 years (25.66 ± 8.66 , $p < 0.001$) (18.53 ± 5.08 , $p < 0.001$) respectively,

unmarried (25.71 ± 8.58 , $p < 0.001$) (18.46 ± 5.08 , $p < 0.001$) respectively, and students (25.92 ± 8.82 , $p < 0.001$) (18.55 ± 5.15 , $p = 0.001$) respectively were more likely to score high. Participants who had not made a decision about having children (9.36 ± 3.32 , $p < 0.001$) scored lower in the female identity domain.

Conclusions: In conclusion, the findings of this study indicate that the younger age group (18-25 years) and those with psychiatric illnesses scored lower in the importance for future of childbearing compared to women of older age group (36-49 years) and those without psychiatric illnesses. On the other hand, college students showed more concerns related to childbearing hindrance and preparation.

Disclosure of Interest: None Declared

EPV1188

Mental and Behavioral Disorders Associated with the Use of Psychoactive Substances and Alcohol: An Epidemiological Analysis in Southern Brazil

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Introduction: Neuropsychiatric disorders are the leading cause of disability worldwide, as seen in cases such as depression, anxiety, bipolar mood disorder and schizophrenia, which can be developed or exacerbated by the use of psychoactive substances. Most mental disorders have an early onset, often leading to early and/or permanent disability, increasing the need and cost of healthcare. Therefore, it is necessary to improve the identification of the epidemiological profile of these cases in the South of Brazil in order to enhance the diagnosis and reduce the costs associated with managing these disorders.

Objectives: The present study aimed to analyze statistical data regarding hospitalizations related to mental disorders caused by the use of psychoactive substances and alcohol in the southern region of Brazil, highlighting the pathological scenario and identifying the most prevalent profiles of these disorders in this region.

Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted on hospitalizations of individuals diagnosed with mental and behavioral disorders due to the use of psychoactive substances and alcohol in the states of the Southern region of Brazil (Paraná, Santa Catarina, and Rio Grande do Sul)

between February 2020 and December 2022. Data of January 2020 were not available. The data used were collected through the Department of Health Informatics of the Brazilian Unified Health System (DATASUS) in the "Hospital Information System of SUS" section, gathering information regarding the nature of the care, age range, gender, and ethnicity of the patients.

Results: The study covers the years 2020 to 2022, indicating a total of 81,608 hospitalizations, with the year 2022 having the highest number of cases ($\approx 37.13\%$), followed by 2021 ($\approx 33.30\%$) and 2020 ($\approx 29.55\%$). The states with the highest number of hospitalizations were Rio Grande do Sul ($\approx 54.90\%$), Paraná ($\approx 29.29\%$), and Santa Catarina ($\approx 15.79\%$). Urgent hospitalizations accounted for $\approx 87.29\%$ of the total. The most affected age group was 30 to 39 years old ($\approx 25.61\%$). Men were more affected than women ($\approx 81.70\%$ and $\approx 18.28\%$, respectively). Caucasians accounted for $\approx 64.29\%$ of the hospitalizations. The average length of stay was 20.8 days, and the mortality rate was 0.32%.

Conclusions: There is a clear increase in the number of hospitalizations related to mental disorders caused by the use of psychoactive substances in the period from 2020 to 2022 in the southern region of Brazil, with the highest number of cases in the state of Rio Grande do Sul. The most affected population consisted of Caucasian men aged 30 to 39 years old. Furthermore, these results may be related to the increasing trend of psychoactive substance use among the Brazilian population and also the COVID-19 pandemic, which led to a period of underreporting due to social isolation.

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EPV1190

Neurodevelopmental lags and type of delivery in a Colombian infant population

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Introduction: The Choice giving birth by cesarean section when it is not biologically necessary implies a greater risk to the health of the mother and child Toral *et al. Eletrônica Estácio Saúde* 2018; 95 (1) 27-30, refers the psychological relevance to identify perinatal effects of a good medical practice at birth. In this respect Poojari *et al. Early Hum Dev* 2019;115 93-98, state that a cesarean section as a surgical risk, causes decrease fetal oxygenation and an impairment release of stress-related hormones in the maternal-fetal binomial that does not favor neural connections at birth

Objectives: Identify the neurodevelopmental lags in infant on children under 24 months of age born by cesarean section and vaginal delivery,