

prompting. She had also ataxia and gait incoordination. Laboratory testing was remarkable for lactic acidosis (blood lactate concentration lipasemia and normal electrolyte levels, cerebrospinal fluid (CSF) culture was unremarkable.

A brain MRI was done and showed FLAIR signal abnormalities around the third ventricle and periaqueductal, suggesting Gayet-Wernicke encephalopathy. Thiamine (vit B1) 500mg thrice a day was administered for the next days in association with vitamin B6.

**Conclusions:** Wernicke encephalopathy (WE) is an acute reaction to thiamine deficiency which usually presents with a classical triad. However, Clinicians tend to ignore WE in other non-alcoholic clinical settings and the diagnosis becomes even more difficult when thiamine deficiency presents with unusual neuropsychiatric signs and symptoms like catatonia. This case highlights the importance of considering atypical presentations of WE, its medical etiologies and the necessity of a complete medical evaluation and appropriate investigations to make prompt diagnosis and early management.

**Disclosure of Interest:** None Declared

### EPP0353

#### Control of the medical fitness for work of health care workers on psychiatric leave

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doi: 10.1192/j.eurpsy.2023.669

**Introduction:** Absenteeism from work is considered to be a major source of disorganization and professional marginalization. Psychiatric leave is a frequent form of absenteeism in the hospital environment requiring medical control of the ability to work in order to detect certain abusive prescriptions or certain psychological disorders that can be professionally disabling.

**Objectives:** To draw up the socio-demographic, professional and clinical profile of the health care workers examined within the framework of a medical examination of the aptitude for work following a psychiatric sick leave.

To determine the medical fitness-for-duty decisions in interaction with the prescribed psychiatric leave

**Methods:** Retrospective descriptive study on the files of health care personnel who had psychiatric leaves and who were examined in a framework of multidisciplinary medical commission of absenteeism carried out in the department of professional pathology and aptitude for work at the Charles Nicolle Hospital of Tunis. The study period was from January 1, 2020, to October 1, 2022

**Results:** We collected 63 records. The average age was 44.75 years +/- 11.28 years. A female predominance was noticed (71%). The patients were married in 75% of cases with at least one child in charge of 77% of cases. The main professional categories were nurses (29%), workers (24%), followed by anesthesia technicians and medical secretaries (8% each). The average professional seniority was 16.07 years +/- 10.34 years. Psychiatric history was found in 34.9% of the patients, 91% of whom had anxiety-depressive disorders, 4.5% bipolar disorders and 4.5% schizophrenia.

The main psychiatric reasons for the prescribed rest were characterized depressive episodes (75%), obsessive-compulsive disorder (3.2%), bipolar disorder type 2 with psychotic features (3.2%), postpartum major depressive episodes (3.2%) and post-traumatic stress disorder (3.2%). Professional conflicts with colleagues and/or superiors were reported in 21% of cases.

Psychiatric leave was prescribed by a free practice psychiatrist in 90% of cases. The average duration of leave was 50.1 days [14-180] days.

According to the opinion of the multidisciplinary commission, the healthcare professionals were considered fit to resume their professional activities in 59% of the cases, including 9 patients with restrictions (5 cases of eviction from night work, and 1 case of eviction from contact with the public, 1 case of professional reclassification and 1 case of early retirement). The leave was considered justified in 36% of cases for temporary unfitness for work.

**Conclusions:** The medical examination of fitness for work for health care workers on psychiatric leave remains a delicate decision which can run into numerous difficulties requiring a collegial opinion from the psychiatrist and the occupational physician.

**Disclosure of Interest:** None Declared

### EPP0354

#### Assessment of Fatigue and Quality of Life in Multiple Sclerosis Patients: A Cross-Sectional Study

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doi: 10.1192/j.eurpsy.2023.670

**Introduction:** Multiple sclerosis (MS) is a chronic inflammatory disorder of the central nervous system that is associated with a range of devastating symptoms including fatigue. In addition, the accumulation of disability that occurs in most MS patients can have a detrimental effect on their quality of life.

**Objectives:** To assess fatigue and quality of life in patients with MS.

**Methods:** Descriptive cross-sectional study that interested MS patients referred to the occupational pathology consultation of Charles Nicolle Hospital, during the period from 1 July 2020 to 30 September 2022. The data collected concerned socio-demographic and occupational characteristics. The impact of MS on quality of life was studied using the SF-12 quality of life scale. Fatigue was assessed by the Fatigue Severity Scale (FSS).

**Results:** Twenty-six cases of MS were identified. The mean age was 38 ± 9 years with a sex ratio (M/F) of 0.3. The average occupational seniority was 11 ± 8 years. The health sector was the most represented (23%, n= 6) followed by the transport sector (19%, n= 5). The main occupations were manual workers (31%), drivers, and administrative agents (19% each). The occupational constraints were physical in 44% of cases and psychological in 24% of cases. Fourteen patients (87% of the cases) lost their jobs because of the disease. The decision on occupational fitness was definitive incapacity in 44% of cases. The mean FSS score was 4±1.74. Sixteen

patients (62%) had moderate fatigue (FSS 36-52), eight patients (31%) had mild fatigue (FSS <36) and two patients (8%) had severe fatigue (FSS >52). In addition, the mean scores for the physical and mental components of perceived health were estimated to be  $37.04 \pm 7.67$  and  $44.93 \pm 7.23$ , respectively. The mean global score (SG) of SF12 was  $40.98 \pm 7.23$ . The majority of patients (92%, n=24) had an average quality of life (SG- SF12 between 30 and 60) and two patients (8%) had a poor quality of life (SG <30).

**Conclusions:** The impact of MS on the socio-professional quality of life of patients was noted in the majority of cases. It is therefore imperative to improve the care of our patients on both the physical and psychological levels.

**Disclosure of Interest:** None Declared

## EPP0355

### Quality of life in employees exposed to organic solvents: A study of 196 cases

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doi: 10.1192/j.eurpsy.2023.671

**Introduction:** Occupational exposure to organic solvents remains a real risk for exposed employees, particularly in mental health and quality of life.

**Objectives:** - To evaluate the quality of life of employees exposed to organic solvents

- To research the professional and extra-professional determinants of this quality of life.

**Methods:** This is a descriptive cross-sectional study that compared 196 employees exposed to organic solvents with 64 non-exposed employees from the same socio-professional environment. The investigation took place in four different companies in the governorate of Tunis. An environmental study combining an evaluation of working conditions and atmospheric monitoring was carried out to identify and quantify exposure to solvents. Quality of life was assessed using the SF36 questionnaire in its Arabic version.

**Results:** The solvent mixtures to which the employees were exposed mainly contained hexane, toluene, ethyl acetate, methyl ethyl ketone, cyclohexane, and perchloroethylene. Exposure to these solvents is primarily from glues and paint products. The study population was relatively young (34.1 years  $\pm$  9.8), predominantly male (sex ratio=2.2), with an education level of no more than secondary school in 90% of cases, with an average work experience of 10.3 years ( $\pm$  8.2) and represented mainly by manual workers (75.4%). The pathological history of the exposed patients was dominated by chronic neuropsychological disorders (48.1%). The global score of SF36 (SFG) was significantly poorer in the solvent-exposed group (SFG=  $64.1 \pm 21.1$  versus  $70.1 \pm 23.3$ ) ( $p=0.05$ ). Among the eight dimensions of the SF36, a very significant alteration of the dimensions: "perceived health", "psychological health" and "repercussion of psychological health on daily activities" was noted in the solvent-exposed group.

The main determinants of the quality of life of workers exposed to solvents were: level of education, frequency of exposure, length of exposure, and company.

According to the job-exposure matrix, only "perceived health" appeared to be impaired by high levels of cumulative solvent exposure ( $p= 0.0006$ ).

**Conclusions:** According to this study, organic solvents can affect the quality of life of exposed employees by acting essentially on perceived health, psychological health, and the "impact of psychological health on daily activities".

**Disclosure of Interest:** None Declared

## Promotion of Mental Health 01

## EPP0356

### Drawings of a mental landscape: a peer-led intervention for adolescents in a high school setting

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doi: 10.1192/j.eurpsy.2023.672

**Introduction:** Adolescents represent a vulnerable population, with a high prevalence of mental illness and increased levels of subsyndromal psychological distress. Educational settings are central to the lives of young people, and their potentiality to promote mental health is increasingly recognised. The acknowledged role of peer influence on adolescent behaviours indicates peer-led interventions as a promising avenue of youth mental health support.

**Objectives:** The intervention stems from a pilot called *The Vineyard Project*, which engaged a group of young people with different forms of mental ill-health in local practices of hand-harvesting grape. The pilot was hosted in the region of Langhe (Italy) and was meant to address social anxiety symptoms and poor self-efficacy through the involvement in a culturally meaningful activity within the transformative process of winemaking. The pilot formed the basis of a peer led-intervention in a local Arts high school, aimed to improve mental health knowledge, reduce stigmatising attitudes and promote help-seeking through the mediated connection between students (n = 80) and young people who participated in the *Vineyard Project*.

**Methods:** Semi-structured interviews with young people participating in the pilot have been conducted and audio-recorded. Interviews explored their experience in the vineyard and its relation with their personal story and the mental health challenges they have been facing. Following a preparatory work with high school teachers, recordings have been anonymized and shared with students to become the object of an art-based workshop.

**Results:** The practical purpose of the workshop with Arts students was to draw wine labels inspired by their peers' narratives as they were recorded during interviews. This activity had a double objective: i) to stimulate the ability to listen and foster connection with the experiences shared by young people participating in the vineyard activities; ii) to auction wine bottles labelled by the students to