Objectives: Correlation of Bluetooth transmission with subjective hyperosmia.
Methods: This 53-year-old right-handed single woman presented with a 10-year history of increase in sensitivity to aroma and enhanced perception of smells upon exposure to Wi-Fi electromagnetic radiation. She noted an intensity-duration effect: with higher intensity and duration of Wi-Fi exposure, her sense of smell would escalate and persist: after a few hours of exposure, her smell would jump to a 190% of normal and last for two weeks. When she drives toward a metropolitan area, she can feel that the Wi-Fi is more intense and gets an electrical sensation like "I am an antenna". Because of this, she refuses to use a cell phone or have Wi-Fi in her home.
Results: Mental Status Examination: Able to recall 3 out of 4 objects in 3 minutes without reinforcement. Chemosensory Testing: Olfaction: Brief Smell Identification Test: 9 (normosmia). Alcohol Sniff Test: 8 (hyposmia). Gustation: Waterless Emperical Taste Test: brothy: 4/8 (hypogeusia), total: 46 (normogeusia).
Conclusions: Nidus for such hyperosmic delusions may be a primary olfactory system disorder, with induction of ephaptic transmissions, causing intermittent phantosmia or otherwise misperceived odor, misattributed to the ambient environment. Paradoxically, such perceived hyperosmia may be due to a specific or isolated hyposmia or anosmia, the olfactory equivalent to monochromatic color blindness. The assignment of the source of the hyperosmia to that of Bluetooth is consistent with the zeitgeist of mistrust and paranoia of higher technology. Thus, the subjective hyperosmia would only occur when the patient perceives there was a kippage of radiation/ Bluetooth/ electromagnetic waves present, independent of these actually being present. This may be a form of expectation effect due to visual evidence (high tower wires); suggestion combined with subcultural group dynamics with belief in harm of such electromagnetic/Bluetooth waves, with distorted information recall and misattribution. Such group dynamics and shared misperceptions may act to fuel such a delusion as in the Mandela effect (French, 2018). This may represent the chemosensory equivalent of somatosensory amplification due to external intensification (Brascher, 2017). Perchance, this case represents not delusional hyperosmia, due to a functional psychiatric disorder, but rather has a neuroanatomic basis. Those with subjective hyperosmia and hypersensitivity to aromas have demonstrated hypertrophied gray matter volume in the posterior subregion of the right hippocampus, left precuneus, left superior frontal gyrus, and right hypothalamus (Han, 2020). In those with subjective hyperosmia, neurological investigation is warranted.

Disclosure of Interest: None Declared

EPV0087

Anxiety and depressive disorders Screening among Healthcare Professionals

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Introduction: Stress is an integral part of the profession of health care personnel (HCP) and manifests in higher rates of depressive and anxiety disorders (ADD).
Objectives: Screening of anxiety and depressive disorders factors among HCPs
Methods: A descriptive cross-sectional study in two university hospitals in Ariana was carried out ont september 2022. It included HCP who were examined for medical periodic visit. Data was collect from medical records, anxiety and depression Scale (HAD) and somnolence questionnaire (Epworth).
Results: One hundred and nine HCP were included in the study. Women represented 87.2% of cases. The average age was 38 ±10.7 years. The average occupational seniority varied between one to 38 years. Nurses represented 38.5%, technicians 24% and doctors 7%. They had night work in 12% of cases. Depression and anxiety were found for 20% and 31% of cases respectively. Successive daytime sleepiness was found in 7% of cases. A statistically significant relationship was found between excessive daytime sleepiness and anxiety (p=0.005) and between depression (p=0.002).
Conclusions: Anxiety and depressive disorders in HCP were considerable. they were assiciated with sleepiness disorder. Night or day time shift wasn't statistically correlated with ADD. Referral to psychiatric consultations after psychological opinion was done in order garantee therapeutic support and decide fitness to work.

Disclosure of Interest: None Declared

EPV0088

Somatoform disorders in out-patient psychiatric setting: An overview

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Introduction: The somatoform disorders are a group of psychiatric disorders that present with unexplained physical symptoms.
Objectives: This study aimed at assessing the prevalence and risk factors of somatoform disorders (SD) and their types among patients attending a major psychiatric clinic in Duhok Governorate/Kurdistan Region of Iraq. Our secondary aim was to assess the common presenting symptoms of conversion disorder (CD).
Methods: 637 subjects were randomly selected from the outpatient psychiatric clinic at Azadi Teaching Hospital in Duhok Governorate/Kurdistan Region of Iraq. Structured Clinical Interview for DSM-IV Axis I Disorders-Patient Edition (Version 2.0) was applied to diagnose patients with SDs.
Results: In our sample the prevalence of SD was 24%. CD comprised the vast majority of SD at 75.8%, followed by somatization disorder at 7.8% and undifferentiated SD at 5.2%. SD was most common (60.1%) in adolescents and young adults (ages 15-25 y.o.); (p <0.05), and female gender comprised most of the SD in our sample (75.8%; p <0.001)
Although, more than two-third of the cases were from lower educational levels (illiterate and primary educational level) (67.3%), more than fifty percent were married (52.3%), majority were housewives (39.2%) and more than half of the cases were from urban areas (52.3%), but no significant association were found between SD and educational level, marital status, occupation, and residence (p-values were 0.218, 0.659, 0.072, 0.090 respectively). Regarding the symptomatic presentation of CD, vast majority of the cases presented with pseudo-seizures which comprised (81%),

followed by motor symptoms which comprised (17.2%), and sensory symptoms which constituted (1.7%) only.
Conclusions: SD was highly prevalent among patients attending a major outpatient psychiatric clinic in Duhok Governorate/Kurdistan Region of Iraq, and CD was the most common presenting form of SD. Younger age (adolescents and young adults) and female gender comprised the majority of cases. Interestingly, the most common presenting symptom of CD in our sample was pseudoseizures.

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Bipolar Disorders

EPV0089

New-Onset Bipolar Disorder in Late Life: a case report and review of literature

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Introduction: The elderly represents the fastest growing group of the population. It is fair to assume that the portion of old age patients suffering from bipolar disorder will grow in a similar manner. Elderly patients represent approximately 25% of the bipolar population. Summarizing, 5–10% of patients were 50 years of age when they experienced their first manic episode, constituting the subgroup of late onset bipolar disorder (LOBD).
Objectives: The purpose of this case report and literature review is to emphasise the importance of LOBD in old population and to highlight its still sparse-knowledge.
Methods: Descriptive case study and review of literature (Arnold,I. et al. Old Age Bipolar Disorder—Epidemiology, Aetiology and Treatment. Medicina **2021**,57,587; Baldessarini et al. Onset-age of bipolar disorders at six international sites. J Affect Disord 2010;121(1-2):143-6).
Results: A 60-year-old woman is brought to the emergency department for evaluation by her family. Over the past 7 days, the patient has become increasingly irritable and argumentative, is sleeping less, is talking faster than usual and has begun to express paranoid concerns about her students "stealing my exam". The patient is a university professor.
In the assessment interview she is hyperverbal, expansive, and grandiose. The family has also just recently discovered that she has spent a large sum of money on the Internet.
She has no history of psychiatric contact or substance use disorders; however, she has a family history of severe depression.
In the absence of any plausible non-psychiatric condition that could mimic or induce mania, the working diagnosis is bipolar I disorder, most recent episode (MRE) manic with psychotic features.

Image:

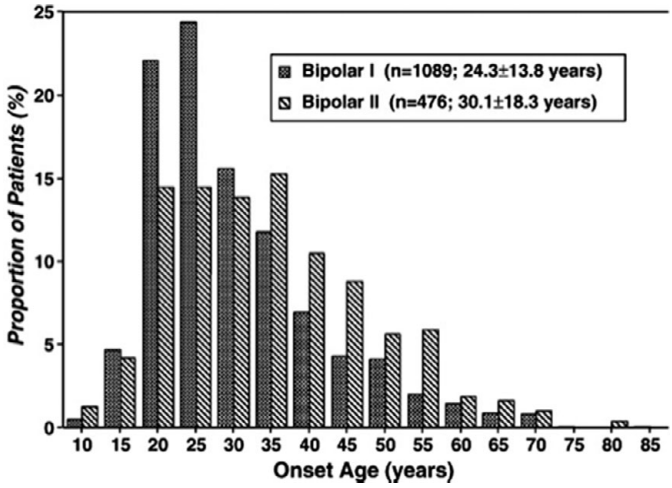

Image 2:

Subgroup	Proportion (%)	Onset-age (yrs) (median ± IQR)	z or F	p-value
Diagnosis			6.29	<0.0001
Bipolar I	69.6	24.3 ± 13.8		
Bipolar II	30.4	30.1 ± 18.3		
Sex				
All bipolar patients			2.90	0.004
Women	54.3	27.0 ± 15.9		
Men	45.7	24.1 ± 14.4		
Bipolar I patients			2.16	0.031
Women	51.5	26.0 ± 14.2		
Men	48.5	23.0 ± 12.8		
Bipolar II patients			1.24	0.22
Women	60.7	30.1 ± 17.5		
Men	39.3	29.7 ± 19.1		
Onset-type, bipolar I			3.62	0.013
Depression	35.7	24.5 ± 14.9		
Hypomania	0.0	–		
Mania				
Manic	41.6	24.0 ± 12.0		
Mixed	13.7	27.9 ± 16.0		
Psychotic	9.0	22.7 ± 9.17		
Onset-type, bipolar II			1.57	0.12
Depression	90.6	30.0 ± 19.5		
Hypomania	9.4	34.1 ± 14.2		

Conclusions: The share of older age bipolar disorder will grow constantly in the next decades and further research on this neglected patient group is urgently required.

Disclosure of Interest: None Declared