

Methods: Two hundred participants were enrolled in this study. Structured clinical interview, sociodemographic form, Five Facet Mindfulness Questionnaire-Short Form (FFMQ-S), Metacognition Questionnaire-30 (MCQ-30), and Hamilton Anxiety Rating Scale (HAM-A) were administered. Multivariate analysis of covariance (MANCOVA) was conducted to compare the groups in terms of mindfulness and metacognition. Correlation and multiple linear regression analyses were performed to measure the association between anxiety symptom severity, mindfulness, and metacognition. **Results:** The main finding indicates that Positive Beliefs about Worry are associated with reduced symptom severity of ADs. Furthermore, the results suggest that HC have more Positive Beliefs about Worry and Nonjudging of Inner Experience compared to patients with ADs, who use Negative Beliefs about Uncontrollability and Danger and Need to Control Thoughts to a greater extent. **Conclusions:** This study suggests that dysfunctional metacognitive beliefs may influence symptom severity of ADs among adults. We advise that focusing on reducing maladaptive metacognitions may be beneficial while treating ADs in adults

Disclosure: No significant relationships.

Keywords: Anxiety; Mindfulness; metacognition; metacognitive beliefs

EPV0032

Psychogenic epidemic - mass hysteria phenomena in Portugal

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Introduction: Mass hysteria also called mass psychogenic illness (MPI), defined as a social phenomenon, consists of collective anxiety due to a perceived threat and can culminate in a cascade of symptoms suggestive of organic disease without an identifiable cause. Its history dates back to the 14th century and impacts people from all cultures and regions of the world. Before the 20th century, MPI emerged across Europe, often in socially isolated convents, in highly stressful environments.

Objectives: The aim of this study is to explore the available literature on mass hysteria phenomena in Portugal, historical origins, applications and eventual position in modern psychiatric semiology.

Methods: Non-systematic review of literature published in Medline/Pubmed. Search terms included: mass hysteria, nocebo, group-think, emotional contagion.

Results: In Portugal two great phenomena of mass hysteria were described. In 1917, the “sun miracle” occurred, where thousands of individuals reported having seen the sun rotating in the sky and changing its size and colours. Years later, more than 300 students from 14 schools described the same symptoms: dizziness, dyspnea and rash, without an identifiable cause. In common these young people had “sugar strawberries”. In May 2006, the young people in the television series were infected with a virus, and clinical picture was similar to that presented by young people in real life. For the first time, a fictional illness on television triggered an illness in real life.

Conclusions: More studies should be carried out on these phenomena as their early recognition can have a tremendous impact on the ease of identification, diagnosis and treatment.

Disclosure: No significant relationships.

Keywords: nocebo effects; mass hysteria; psychogenic illness

EPV0033

Hysteria in neurology: a diagnostic approach to conversive disorder

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Introduction: Conversion disorder (a term that describes what was previously called hysteria) refers to motor or sensory symptoms, or both, that resemble a neurological disease, but that do not originate from or cannot be explained by a known physical disease.

Objectives: To find reliable tools that can guide the difficult diagnosis of conversion disorder.

Methods: Bibliographic review

Results: The exact prevalence of the disorder is unknown. It is estimated that approximately 5% of referrals to neurology are for this disorder. Approximately one third of patients referred to the neurologist have symptoms that cannot be explained by an organic disease. Involuntary movements are the most common motor manifestations of the conversive syndrome, being tremor one of the most frequent manifestations. The first differential diagnosis of conversion disorder is neurological disease. It is currently not necessary for the diagnosis to assess whether or not the symptoms are produced intentionally, as the assessment of conscious intentionality is unreliable. The neurological examination is the fundamental tool for the diagnostic approach, being even more enlightening than the complementary tests. Hoover's sign, Babinski's combined leg flexion, plantar flexion of the ankle, tremor and its distraction and synchronisation manoeuvres, as well as the clinical differences between epileptic seizures and non-epileptic seizures of psychogenic origin, are some of the reliable tools for a correct diagnosis.

Conclusions: The diagnosis of the disease should be one of exclusion. There must be clinical data showing clear evidence of incompatibility with a neurological disease and conversion symptoms do not correspond to known physiological mechanisms and anatomical pathways.

Disclosure: No significant relationships.

Keywords: neurology; conversive disorder; diagnostic; hysteria

EPV0035

Epileptic Seizures or not, that is the question: a case report

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