

Methods: We retrospectively assessed the employment outcomes of 79 consecutively evaluated patients. Patients were referred at the inception of an FND Program for adults. The majority of patients were unemployed, on sickness leave and or disability benefits at the time of their referral ($n=71$). Their median age was 48 years. Most patients were of female gender ($n=50$), in a relationship ($n=53$), with no dependants ($n=64$). Most patients had a referral diagnosis of mixed functional neurological symptoms ($n=35$), presenting with a combination of motor, sensory, cogniform or dissociative seizure symptoms. Among patients distinct phenomenological presentations, the most common referral diagnosis was functional sensory disorder ($n=16$). Twenty two patients had a concurrent structural neurological disorder. Seven patients had an accident compensation claim, and twenty had a workers' compensation or employment insurance claim at the time of referral.

Results: Approximately 30 % of patients were able to return to some work ($n=24$) within five years or less, and all those who were in employment at the time of the referral continued to hold a job for the duration of their treatment. We identified a negative correlation between patients' ability to return to work and the length of employment interruption, with patients more recently out of work (within a year prior to the referral) being most able to return to work (odds ratio = 2; 95% CI, 1.2 to 3.8). We previously analyzed employment figures at 18 months of the service operation. Return to work was moderately lower at that point at 19%, but with maintained negative correlation with the length of employment interruption.

There was a negative correlation between having a work-related financial claim and the ability to return to work ($p < 0.001$). There was no statistically significant correlation between demographic variables (gender, age, relationship status, or having dependants) and the ability to return to work, nor was there a statistically significant correlation between the phenomenology of Functional Neurological Disorder (motor, sensory, cogniform, non-epileptic attack disorder or mixed) and the ability to return to work.

Conclusions: Early and continuous treatment of employed or recently unemployed patients with Functional Neurological Disorder is associated with better occupational outcomes. Having a work-related compensation claim is correlated with negative occupational outcomes. There is a need for further research into occupational rehabilitation, specially for patients receiving work-related compensation claim.

Disclosure of Interest: None Declared

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Sensorimotor accuracy and dynamic muscular endurance in war veterans (amateur athletes) during rehabilitation after battle trauma

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Introduction: During the war, the rehabilitation of combatants after injuries of varying degrees of complexity has particular

importance. The effectiveness of rehabilitation of athletes-war veterans can be assessed by the level of physical performance, functional properties and state of all body systems. The reduction of functional asymmetry, accuracy of the sensorimotor response and dynamic muscular endurance (DME) of hand movement by the tapping test are effective and objective indicators of physical rehabilitation.

Objectives: The aim of this study was to evaluate functional asymmetry, accuracy of sensorimotor response and dynamic muscular endurance of hand movement by tapping test during the rehabilitation of amateur field-and-track athletes after battle traumas.

Methods: 10 war veterans (amateur field-and-track athletes, right-handed male aged between 28 and 60 years) took part in the study. To determine the state of psychophysiological functions and the maximum tempo of movement of the hand Diagnostic complex "Diagnost-1" (Ukraine) was used. We analyzed indicators of the tapping test, indicators of a simple visual-motor reaction (SVMR) and a reaction of choosing one of three signals (RCh1-3) separately for the right and left hand, indicators of a reaction of choosing two of three signals (RCh2-3). Non-parametric statistics methods (Spearman's rank correlation coefficient) were used to process data.

Results: The accuracy of the sensorimotor reaction (according to the SVMR indicators) corresponded to the average level in the majority of athletes (60%). The indicators of the simple response of the choice of RCh1-3 were below the average (20%) or at a reduced level (50% of the examined). DME of the dominant hand was high or medium in 40% and 60% participants respectively. In 90% of the surveyed athletes, asymmetry in terms of the tapping test is moderately expressed. Results showed the significant correlation between the stability index of the simple visuomotor reaction (SVMR) and the dynamic muscular endurance (DME) indicators for the dominant and subdominant hand ($r = 0.75$, $r = 0.71$, $p < 0.05$, respectively) - the greater DME corresponded to the lower stability of the SVMR. Latency periods of simple visuomotor reaction and their components (motor components of SVMR, RCh1-3, RCh2-3 reactions and the time of central processing of information in choice reactions) were not associated with tapping test indicators.

Conclusions: Therefore, it can be assumed that motor components of a simple visuomotor reaction, choice reactions and the time of central processing of information in choice reactions were not related to dynamic muscle endurance. The revealed interrelations between the stability of the sensorimotor response and the dynamic muscular endurance of the hand movement can be indicators of the successful rehabilitation of amateur athletes after injury.

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Evaluation of the effectiveness of psychosocial treatment of patients with schizophrenia at different stages of its rendering

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Introduction: Currently, there is an active introduction of modern types of psychosocial treatment (PST). At the same time, an