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are well-recognised, plus the need to identify new ways for healthcare providers to be part of broader efforts. A possible mediator in healthcare interventions for achieving such goals is Fashion. Considering this, evidence suggests that clothing systematically influences cognitive/emotional processes and well-being.

### Aims

Assess whether fashion-related mediators relate to AHWB and its clinical management.

### Methods

**Search:** In December 2021, 3 databases were assessed. **Selection criteria:** we included interventional and observational studies; excluding editorials, reviews, abstracts, position papers, and letters. **Data Collection and Analysis:** The risk of bias for experimental studies was assessed with Revised Cochrane risk-of-bias for randomized trials, while the Quality Assessment Tool for Quantitative Studies was applied for observational studies. Analysis was reported using the mean difference and pooled effect sizes.

### Results

We included 23 studies of 10,008 participants. 59% were girls, 41% were boys and 1% did not report gender. Seven studies were experimental and 16 observational. Although included studies show that fashion-related mediators – *body image, appearance-focused media, footwear design, clothing size, fitting into different clothes, clothing shopping experience, and hairstyle* – influence outcomes in AHWB, these results should be taken with caution as the majority of studies show some concerns regarding the risk of bias.

### Conclusion

Fashion-related mediators may play an important role in the clinical management of AHWB. More studies should be performed to further evaluate these mediators.

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## 111253

### Billing behaviour in primary psychosomatic care by general practitioners and doctors of other specialties in Berlin

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### Aims

Primary psychosocial care (PPC) and psychosocial care in specialties (PSC) are basic prerequisites for the quality of health care. In a cross-sectional study, general practitioners documented the data of 1286 patients with psychosocial problems using a questionnaire. In an additional calculation, the billing behaviour of all doctors in Berlin could be documented within 12 quartiles of a three-year follow-up. We hypothesised: There are gender differences in billing behaviour and a discrepancy between diagnosing mental/psychosomatic disorders and targeted psychosomatic treatment.

### Methods

The data from the Association of Physicians (KV) in Berlin could be evaluated. After the first year, a change in reimbursement by the

KV took place. 5133 doctors could be evaluated in their billing behaviour and 516 with an additional questionnaire for Berlin doctors trained in PPC or PSC.

### Results

2116 (41.2%) GPs, 901 (17.6%) internists, and 2016 (41.2%) other doctors could be evaluated. 50.4% of male and 49.6% of female doctors had submitted psychosomatic billing numbers. The proportion of all mental, somatoform or psychosomatic symptoms in patients of all specialties was 43.3%. There was no gender difference in psychosomatic billing behaviour for diagnosis (850), treatment (851), or relaxation (855,856), but the identification of psychosomatic symptoms was much more frequent than their targeted psychosomatic treatment.

### Conclusion

Higher remuneration of the KV has not changed this behaviour. However, the inclusion of these services in a global budget seems to be the reason for less special treatment. The practice of basic psychosomatic care depends on adequate remuneration for doctors in independent practice.

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## 111254

### Depression and burden in caregivers of onco-hematologic patients during SARS-Cov-2 pandemic

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### Aims

Onco-hematologic diseases (lymphomas, myeloma, leukemia) require intensive treatment regimens and represent a burden at the affective and instrumental level for their caregivers. The aim of this study was to investigate the link between caregiving burden and depressive symptoms in caregivers of onco-hematologic patients during the SARS-CoV-2 pandemic.

### Methods

A convenience sample of 101 caregivers of onco-hematologic patients were recruited at the Hematology Unit of the Holy Spirit Hospital, Pescara, Italy. Most of the caregivers were female (80%) with an average age of 41 years old (SD = 14.01). Participants were administered the Caregiver Burden Inventory (CBI), the Patient Health Questionnaire-9 (PHQ-9) for depression, and the Fear of Covid-19 Scale (FCV-19S) during two months of the COVID-19-related stay-at-home period (April–May 2021).

### Results

Moderate-to-severe depression (PHQ-9 > 10) were reported by 36% of caregivers. Depressive symptoms were associated with caregivers' time-dependence ( $r = 0.43$ ), developmental ( $r = 0.61$ ), physical ( $r = 0.72$ ), social ( $r = 0.60$ ), and emotional burden ( $r = 0.43$ ) (all  $ps < 0.001$ ). CBI explained 53% of the PHQ-9 variance, particularly the physical ( $\beta = 0.54$ ,  $p < 0.001$ ) and the social ( $\beta = 0.30$ ,  $p < 0.01$ ) dimensions of burden. Unexpectedly, COVID-19 was not associated with caregiver burden and depressive symptoms.

## Conclusion

Caregivers of onco-hematologic patients may experience depression due to the burden of caregiving, which is related mostly to the patients' disease rather than extraordinary, even dramatic events such as the pandemic. Psychological interventions are needed for them.

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## 111255

### Information and support centers for patients with cancer: What is the added value?

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## Aim

Care needs of patients with cancer and their relatives vary a lot. Not all needs are 'medical' in nature and need to be addressed via formal care. The Erasmus MC Cancer Institute opened PATIO (Patient Information Centre Oncology), in which informal and formal care are offered. A similar centre, IntermeZZo, was opened near the Isala hospital. We studied whether the support offered by these centres meet the needs of patients and relatives.

## Methods

We conducted interviews among visitors of the centres and patients visiting the oncology day-care of the affiliated hospitals. Data were collected during 3 different periods. Visitors were interviewed to share their experiences regarding the support offered by the centres. Patients were interviewed about their interest for this type of support.

## Results

111 and 123 visitors were interviewed at PATIO and IntermeZZo, respectively, and 189 and 149 patients at the respective hospitals. Reasons to visit PATIO/IntermeZZo were: to relax (93.2%), to seek advice (54.3%), and to meet peers (36.3%). Visitors indicated that the visits met their expectations and needs (99%) due to the easy accessible support and the cancer-related expertise. 25% of the patients interviewed at the hospitals were interested to visit PATIO/IntermeZZo. The majority (90%) of patients considered the initiatives an integral part of the treatment process.

## Conclusions

The majority of patients consider the centres important initiatives, a minority is actually interested in the delivered support. Yet, these centres seem to meet the needs for support of a group of patients with cancer and their relatives.

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## 111256

### Eye movement desensitization and reprocessing (EMDR) treatment in the medical setting: A systematic review

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## Aims

This systematic literature review aims to evaluate the use and effectiveness of eye movement desensitization and reprocessing (EMDR) treatment in adult patients treated in the medical setting.

## Methods

We performed a systematic literature search of MEDLINE, Web of Science, PsycINFO, and the Cochrane Central Register of Controlled Trials. Studies were included if the effectiveness of EMDR was assessed in adult patients treated in a hospital or other medical setting. Excluded were patients exclusively suffering from a mental health disorder without comorbid disease. A risk of bias analysis was also performed.

## Results

A total of 83 studies are included and are categorized in 13 medical domains: pain, oncology, neurology, obstetrics, otorhinolaryngology, rheumatology, cardiology, gynecology, dentistry, dermatology, internal medicine, nephrology, and intensive care unit. In addition, two studies focusing on persistent physical complaints (previously known as medically unexplained symptoms) were included. Most frequently used outcomes were posttraumatic stress disorder symptoms, anxiety, depression, and pain. These outcomes were assessed by both study-specific and validated outcome measures. EMDR was found to be adequate in reducing symptoms in all studies included, of which only 28 studies were controlled trials. Notably, the occurrence of adverse events was rarely mentioned.

## Conclusions

EMDR is found to be effective in improving health in adults treated in a medical setting. Most evidence exists for its application in the fields of oncology, pain, and neurology. Moreover, average treatment duration can be relatively short, which contributes to its feasibility for application in the medical setting.

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## 111257

### Can The Whiteley Index be used to assess health anxiety symptoms in adolescents?

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## Background

Health anxiety (HA) is a disorder characterized by excessive worry about being or becoming ill and is commonly experienced by adolescents. The Whiteley Index (WI) is a screening tool validated for the assessment of HA symptoms in adults. In this study, the psychometric properties of the WI, including a recently introduced item regarding obsessive illness rumination, were examined in a population-based sample of adolescents.

## Methods

Data from the Copenhagen Child Cohort CCC2000 16/17-year follow-up (16–17 years old,  $N = 2521$ ) was used. Self-report