

the therapeutic resistance and low adverse effects threshold, a primary psychiatric disorder was excluded. Virological, paraneoplastic and autoimmune genesis of the disorder were also ruled out. More result are expected and more examinations are needed. Postinfectious encephalitis was accepted as the most probable diagnosis.

Disclosure of Interest: None Declared

COVID-19 and Related Topics

EPV0287

DEPRESSION AMONG PATIENTS WHO SURVIVED COVID 19 IN THE EMERGENCY DEPARTMENT

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Introduction: The current SARS cov 2 virus disease pandemic presents a threatening physical danger as well as its impact on mental health. It seems important to screen any patient who has experienced covid 19 for its psychological impact.

Objectives: Therefore the aim of our study was to highlight the impact of COVID-19 infection on mental health by screening them for depression

Methods: This is a cross-sectional, single-center study, conducted at the Sahloul Emergency Department, over a period of 5 months (January to May 2021). Patients are collected from a database of our emergency department COVID-19 unit. We included patients whose age is greater than or equal to 18 years old; who has been infected with SARS-COV-2 according to the results of the PCR test. All patients lost to follow-up, refusing to participate in this study, having a psychiatric illness or having taken a psychotropic medication before randomization or non-cooperating (unable to respond to the evaluation test) were excluded. A telephone follow-up was done after 30 days from admission to calculate the HAM-ILTON score after a positif HAD D scale.

Results: 200 patients were included. For the 20 patients (10%) with depressive symptomatology (doubtful and certain) according to the HAD D scale, their responses to the Hamilton scale were analysed in order to determine the severity of the depressive symptomatology. Note that 30% of patients had mild to moderate signs of depression and 70% had severe depression. The majority of patients in whom the presence of depressive symptoms was noted had an average age of 40 years; those who presented with severe depression had an average age of 51.3 years with a female majority of 72%. No difference was noted in relation to pathological history, half had been hospitalized for treatment of COVID-19 (57%). Patients with severe depression symptom resolution lasted an average of 14 days.

Conclusions: According to the results of this study, interventions may be carried out to minimize the pandemic's negative psychological consequences.

Disclosure of Interest: None Declared

EPV0288

Assessing anxiety among patients who survived after infection with COVID 19

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Introduction: The actual pandemic of COVID 19 is a very unusual yet real situation we are facing. It has affected people in both physical and psychological way. In fact, in such particular circumstances, so many people experience stress, anxiety and depression. Objective

Objectives: The goal of our study is to emphasize the anxiety among patients who were tested positive with COVID 19, using the HAD scale.

Methods: It is a retrospective study single-center study. Patients are collected from a database of the Sahloul emergency COVID unit. We include patients whose age is greater than or equal to 18 years old who has been infected with SARS-COV-2 according to the results of the PCR test. All patients lost to follow-up, refusing to participate in this study, having a psychiatric illness or having taken a psychotropic medication before randomization or non-cooperating (unable to respond to the evaluation test) were excluded. At 30 days follow up, anxiety was evaluated by HAD scale.

Results: 200 patients were included in this study. In our study, 98 patients had symptoms of anxiety (49%) after one month of their consultation in the emergency room; i.e. 39% have a doubtful symptomatology of anxiety and 10% have a certain symptomatology. Half (51%) of the patients had no signs of anxiety depression. The average age of the patients in whom the presence of definite anxiety symptoms was noted was 56.2 years; 63.7% of these patients were female. No difference was noted in relation to the pathological history. Patients in whom the symptoms of anxiety were certain presented a persistence of clinical signs for 10.7 days in average as opposed to 7.1 days in patients without anxious symptoms (p<0.001).

Conclusions: Anxiety is so common among COVID 19 patients and it has a huge influence on the evolution of their health state. This is why all health workers have to fight against COVID and its effects on both physical and mental health. Highlighting the fact that a psychological assistance is highly recommended in the management of COVID 19 patients in order to improve their prognosis

Disclosure of Interest: None Declared

EPV0289

The other side of the pandemic: effects of Coronavirus crisis among student's mental health

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Introduction: The outbreak of COVID-19 has long-term negative effects on mental health. This study shows the negative mental health effects of studying under pandemic limits involving distance learning and social isolation.

Objectives: The specialized studies carried out after the emergence of the Coronavirus revealed the impact of the measures implemented during the period of restrictions and after the outbreak of the pandemic, as well as the way in which these measures were felt by the general population.

Methods: Qualitative analysis of students’ answers regarding the stress felt after the outbreak of the pandemic.

Results: Social and individual anxiety remains a subject of investigation among female students, who are in the process of emotional maturation and professional training.

Conclusions: Students remain a vulnerable population category, in the conditions in which society is in full post-pandemic adaptation process.

Disclosure of Interest: None Declared

EPV0290

Quality of sleep among healthcare workers treating patients with coronavirus disease-19

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Introduction: Since the declaration of the first Covid-19 case on December 08th, 2019, and to curb the spread of this pandemic, each country and notably Tunisia, has implemented a preventive strategy dominated by general lockdowns in accordance with social distancing and basic hygiene measures. These measures were not applicable in the health care sector as health care workers are at the forefront in the fight against COVID-19. This condition affects not only their physical health caused by elevated workload, but also their mental health causing anxiety, fear, and depression. Previous studies have reported that health care professionals feel stigmatized, experience high levels of anxiety and symptoms of depression, and have sleep problems. Impaired Quality of Sleep (QoS) can affect their efficiency in providing medical services and adequate psychological support for patients suffering from COVID-19.

Objectives: To evaluate the QoS among health care professionals treating patients with COVID-19 and quantifying the symptoms of depression and levels of anxiety.

Methods: A cross-sectional study was conducted in 75 health care professionals matched by age and sex working in public hospital

Taher Sfar Mahdia. The study was based in a self administered, French language questionnaire containing three validated questionnaires: 7-item Generalized Anxiety Disorder (GAD-7) Scale, 9-items Patient Health Questionnaire (PHQ-9) Scale, Pittsburgh Sleep Quality Index (PSQI) and additional survey constructed for the purpose of the study.

Results: Healthcare professional treating COVID-19 patients (Group I) group was predominately females mean aged of 32.67 ± 7.04 . The health professionals treating COVID-19 patients had poorer Quality of Sleep; Pittsburgh score 10.6 ± 7.42 vs 7.89 ± 6.14 in the group not treating COVID-19 patients ($p=0.001$). Levels of anxiety and depression were significantly higher in the group I (respectively $p=0.005$ and 0.03). Multiple linear regression analysis revealed that higher scores on GAD ($\beta = .809$, $p < .01$) and the lower one was the number of persons in charge ($\beta = -0.632$; $p < .01$) were independent predictors of a poorer quality of sleep

Conclusions: This study has revealed the heavy mental health burden health care professionals treating infected patients in Tunisia during the COVID-19 pandemic are exposed to. Providing early psychological support and a psychologically safe environment for these healthcare workers may alleviate their stress and, consequently, ameliorate their QoS. More attention should be devoted to their quality of sleep and work schedules. In many countries, online training, telehealth supports, behavioral group therapy, cognitive behavioral therapy, and mindfulness-based therapy have been deployed for frontier Healthcare workers and have proven effective in such circumstances.

Disclosure of Interest: None Declared

EPV0291

EEG CORRELATES OF SOMATIC DISORDERS IN DEPRESSIVE PATIENTS WHO SURVIVED AND HAVE NOT BEEN ILL WITH COVID-19

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Introduction: Coronavirus infection is accompanied by the development of a wide range of neuropsychiatric and somatic complications.

Objectives: The aim of the study is to assess the severity of somatic disorders and to identify their EEG correlates in depressive patients who had and did not have COVID-19.

Methods: The study involved 30 female depressive patients (F31.3-4, F21.3-4 + F34.0, according to ICD-10), aged 16-25 years, who previously had a mild or asymptomatic coronavirus infection (group “COVID”), and 40 depressive patients matched in gender, age and syndrome structure to patients of the “COVID” group, but who did not have COVID-19 (“non-COVID” group). The pre-treatment severity of depressive symptoms was assessed by the total sum, and by sums of clusters: depression (items 1, 2, 3, 7, 8), anxiety (items 9, 10, 11), sleep disorders (items 4, 5, 6) and somatic disorders (items 12, 13, 14) of HDRS-17 scale. All patients underwent pre-treatment multichannel (16 leads) recordings of the background EEG followed by analysis of the absolute EEG spectral power (SP) in 8 narrow frequency sub-bands. Statistical analysis