treatment between March 2020 and March 2022 and 154 patients who were hospitalized in the year before the pandemic were compared. The effect of the pandemic on the clinical profile of inpatients in the psychiatry ward was measured. For the psychiatric evaluation of the patients, Kiddie Schedule for Affective Disorders and Schizophrenia was used.

Results: When the drugs used by the patients in the ward were compared, there was a difference between the groups in terms of antipsychotic use. While there was a difference in the use of risperidone and aripiprazole(p<0.05); there was no difference in the use of paliperidone, quetiapine, olanzapine, and clozapine (p>0.05). There was a difference between the groups in terms of antidepressant use. While there was a difference in fluoxetine use; there was no difference between the use of sertraline citalopram and escitalopram(p<0.05). No difference was observed between the use of other drugs, methylphenidate and atomoxetine, anxiolytic use, and the use of mood stabilizers lithium valproate lamotrigine (p>0.05). It is observed that there is an increase in the need for antidepressants and antipsychotics used in the child and adolescent psychiatry service during the Covid 19 pandemic.

Conclusions: These results can help inform and develop strategies and interventions related to the pandemic in children and adolescents. Future research should continue to evaluate the psychological consequences of COVID-19 on adolescents. The treatment patterns that were used seemed to change indicating the pandemic had a significant effects on these patients. However, this statement requires to be backed up by other studies to get a conclusion, especially the ones with higher numbers of subjects and longer durations of follow-ups.

Disclosure of Interest: None Declared

EPP0170

Arthralgia is the main associated symptom to anxio-depressive disorders during the "Long COVID" among Tunisian patients

F. Zaouali[1]*, A. Chaouch[2], F. Boubaker[1], S. Bouchareb[2], H. E. Mrabet[1], A. Ben Mabrouk[1], I. Touil[2], L. Boussoffara[2], J. Knani[2], N. Boudawara[2], W. Alaya[1] and M. H. Sfar[1]

[1]Endocrinology Depatment and [2]Pneumology-allergology department, Tahar Sfar University Hospital, Mahdia, Tunisia
*Corresponding author.
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Introduction: Various psychiatric disorders were reported during the long COVID. The most frequently cited by physicians included the insomnia, the anxio-depressive disorders and the post-traumatic stress disorder. These symptoms would have a negative impact on the quality of life as well as on the socio-professional and economic efficiency.

Objectives: The aim of this study was to determine the associated factors to anxio-depressive disorders during long COVID.

Methods: A cross sectional analytic study was conducted at Taher Sfar university hospital of Mahdia over a period of one year (from March 2020 to March 2021). It included patients consulting within at least 1 month after a COVID-19 documented infection. We used the Hospital Anxiety and Depression scale (HAD) to screen for anxio-depressive disorders.

Results: We recruited 137 patients in the study. The median age was situated at 60 years, ranging from 17 to 82 years. The sex ratio M/F was 0.073. The median HAD score was 19 [8, 33]. Anxio-depressive disorders were present in 61% of cases. There was no statistically significant association between anxio-depressive disorders and post COVID symptoms except arthralgia and myalgia (38.6% vs 13.5; p=0,006 and 26.8% vs 5.4%; p=0.007, respectively). After the multivariate analysis, only arthralgia during long COVID was associated with the anxio-depressive disorders (95% CI 1.489 to 30.25, p=0.01).

Conclusions: Arthralgia is a frequent symptom sometimes underestimated and in others overtreated. As it seems to be significantly associated with anxio-depressive disorders in the post covid period, physicians should pay attention to the history of a viral documented or probable infection and to psychiatric symptoms' screening. Our results should however be confirmed by multicenter studies with larger sample size.

Disclosure of Interest: None Declared

EPP0171

Organic and psychiatric symptoms of "Long COVID" among Tunisian patients: a cross sectional study

F. Zaouali[1]*, A. Chaouch[2], F. Boubaker[1], S. Bouchareb[2], H. E. Mrabet[1], A. Ben Mabouk[1], I. Touil[2], L. Boussofara[2], J. Knani[2], N. Boudawara[2], W. Alaya[1] and M. H. Sfar[1]

[1]Endocrinology Depatment and [2]Pneumology-allergology department, Tahar Sfar University Hospital, Mahdia, Tunisia
*Corresponding author.
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Introduction: Long COVID is a condition characterized by long-term health problems persisting or appearing after the typical recovery period of COVID-19. Physical symptoms such as respiratory, neurological and musculoskeletal complaints were initially described in the foreground. A little after, psychological disorders have been widely reported.

Objectives: The aim of this study was to screen for somatic and anxio-depressive disorders of Long COVID.

Methods: A cross sectional descriptive study included the patients consulting within a minimum of 1 month after a COVID-19 infection. It was conducted at Taher Sfar university hospital of Mahdia over a period of one year from March 2020 to March 2021. A questionnaire and physical examination were used to look for physical symptoms and the Hospital Anxiety and Depression scale (HAD) was used to screen for anxio-depressive disorders.

Results: We recruited 137 patients. The median age was of 60 years with a sex ratio M/F at 0.073. Obesity was the most frequent comorbidity (36%) followed by diabetes (35%) and hypertension (32%). More than a quarter of patients was hospitalized (30%) during the acute phase, while the others (70%) were confined at home. The median stay duration at home or hospital was of 10 days with extremes ranging from 0 to 21 days. The most frequent post-COVID symptoms were dyspnea, mood disorders, myalgia, arthralgia, dry cough, sleep disorders and anorexia in 45%, 30%, 30%, 20%, 16%, 15% and 14% of cases, respectively. Pulmonary auscultation was normal in 86% of our patients, for the others we noted crackles, ronchi and wheezing among 9%, 1% and 1% of patients. The median oxygen saturation was 97% with a range from 93 to

99%. The majority of our patients (120) had saturation more than 95% in ambient air. The median HAD score was situated at 19 [8, 33]. Anxio-depressive disorders were present 61% of cases. A severe depression was noted among 24% of patients. and a severe anxiety among 28% of them.

Conclusions: Our study highlighted a high prevalence of anxio-depressive disorders (62%) which exeeds the prevalence described in the literature. The systematic use of the HAD scale among consultants could be the explanation. Thus, psychological screening and support should be considered when managing patients having a history of COVID-19 infection. Citizens should comply with the relevant legal provisions making vaccination compulsory as it was found that COVID-19 vaccination reduced long COVID risk.

Disclosure of Interest: None Declared

EPP0172

Psychiatric consequences in hospitalized patients affected by COVID-19 (RECOVER-PSY)

F. Wiedenmann[1]*, G. Fior[2], E. Bergamelli[3], R. Del Giudice[2], O. Gambini[4] and A. D'Agostino[4]

[1]Università degli Studi di Milano; [2]Mental Healt Department, ASST Santi Paolo e Carlo, Milano; [3]Mental Healt Department, ASST Ospedale Papa Giovanni XXIII, Bergamo and [4]Mental Healt Department, Università degli Studi di Milano, Milano, Italy
*Corresponding author.
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Introduction: COVID-19 had a significant impact on the mental health of the affected population. Such multifactorial risk for a deterioration of mental health suggests the need to identify groups of patients with psychiatric vulnerability and to establish strategies of intervention based on scientific evidence.

Objectives: The aim of the study was to identify psychiatric outcomes one year after recovery and possible associations between these and the clinical, anamnestic, and sociodemographic variables.

Methods: The Mini International Neuropsychiatric Interview was employed to assess current and lifetime mental illness in a cohort of 100 patients discharged between March and April 2020 from COVID-19 wards of the San Paolo Hospital in Milan, Italy. The Kendall rank correlation coefficient was administered to measure the ordinal association between clinical-demographic variables and the psychiatric diagnoses of patients. Bivariate correlation was used to explore the association between psychiatric outcomes and the sample characteristics.

Results: Almost one third of subjects screened positive for a diagnosis of a new psychiatric disorder, and a novel onset of psychiatric morbidity did not differ significantly in patients with and without a positive history of mental illness (42 and 58%). New psychiatric disorders were grouped into stress reactions, anxiety-group disorders and mood disorders. Concerning demographic characteristics, advanced age represented a protective factor against the onset of new psychiatric disorders ($r\tau = -0,203$, p =0,008). Despite a lower risk of contracting the infection, women in our cohort were more vulnerable to psychiatric post-Covid symptoms ($r\tau$ =0,190, p =0,029). The correlation between the onset of new psychiatric disorders and some pre-admission vulnerability factors, such as an overweight condition ($r\tau$ =0,185, p =0,026) and a positive

medical history for cigarette smoking ($r\tau$ =0,203, p =0,026), were statistically significant. Moreover, subjects who reported taking a therapy to control the infection prior to hospitalization were more likely to receive a new psychiatric diagnose ($r\tau$ =0,269, p =0,005). Of note, variables related to the severity of hospitalization such as oxygenation intensity, days of hospitalization, or requirement of intensive car were not associated with new psychiatric diagnoses.

Conclusions: The onset of psychiatric disorders shows a relevant frequency in patients hospitalized for COVID-19, suggesting that mental health services should structure adequate screening and diagnosis methods. Three levels of intervention can also be expected to reduce the overall risk and burden of psychiatric morbidity: increasing awareness regarding modifiable risk factors; guaranteeing a minimal level of mental health support to patients hospitalized for COVID-19; providing personalized interventions with respect to gender and age groups.

Disclosure of Interest: None Declared

EPP0173

Access to a psychiatric emergency setting during the COVID-19 pandemic: focus on youth populations

F. Masini[1]*, G. Caramanico[1], G. Menculini[1], G. Latini[2], F. De Giorgi[3], K. Amantini[4], P. Moretti[1] and A. Tortorella[1]

[1]Department of Psychiatry; [2]School of Medicine, University of Perugia; [3]Section of Psychiatry, Clinical Psychology and Rehabilitation, Santa Maria Della Misericordia Hospital and [4]Psychiatric Inpatient Unit, Department of Mental Health, AUSL Umbria 1, Perugia, Italy
*Corresponding author.
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Introduction: The COVID-19 outbreak and the related containment measures led to the emergence of psychological distress in youth populations, possibly due to concern for their families, social isolation, increased time spent on the Internet and social media, and anxiety about the future.

Objectives: The study aims to evaluate differences in the access of children, adolescents, and young adults to a psychiatric emergency setting before and after the onset of the COVID-19 pandemic.

Methods: Data concerning the psychiatric consultations carried out at the Emergency Department of the University Hospital of Perugia was collected. Socio-demographic and clinical information, including diagnostic and treatment features, was entered into an electronic database. We considered two different time spans, one before (01.06.2017-31.12.2018) and one after (01.06.2020-31.12.2021) the COVID-19 pandemic outbreak. The characteristics of consultations carried out before and after the pandemic outbreak were compared by means of bivariate analyses (p<0.05).

Results: 2,457 psychiatric consultations were carried out in the index periods. 1,319 (53.7%) were requested before, while 1,138 (46.3%) after the COVID-19 outbreak. As for the latter, these were more frequently requested for female subjects (64.2% vs 54.5%, p=0.0042), while institutionalized people underwent psychiatric consultations less frequently in the post-COVID-19 period (5.6% vs 18.2% p<0.001). A significant difference in the prevalence of anxiety disorders (9.7% post-COVID-19 vs 18.8% pre-COVID-19, p=0.009) and adjustment disorders was found (7.1% vs 1.5%, p=0.009). Substance-related disorders were significantly reduced (8.0% vs 15.8%, p=0.016) after the COVID-19 outbreak. About psychopharmacological treatment, there was an increase in people