

who had received treatment in the past but were no longer on treatment (52.3% vs 30.8%,  $p < 0.001$ ). The prescription of anti-psychotics also increased (29.3% vs 18.5%,  $p = 0.012$ ). At discharge, subjects were more frequently hospitalized in the Psychiatric Inpatient Unit in the post-COVID-19 period (22.2% vs 12.8%,  $p = 0.012$ ).

**Conclusions:** Our data confirms the vulnerability of youth populations during the pandemic. The consequences of health emergencies on the psychological well-being of this population must not be underestimated and tailored treatment strategies should be implemented.

**Disclosure of Interest:** None Declared

## EPP0174

### Hope, anxiety, PTSD and depression in COVID-19-bereaved family members

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**Introduction:** Sadness, nostalgia, deep discomfort, guilt and feelings of loss, hopelessness are just some of the emotions that overwhelm people who are experiencing the death of a loved one (Franza *et al.* Psychiatr Danub 2022; 34 (8) 60-63). The unusual mourning process in the time of COVID-19 challenges the usual process of coping with loss. The absence of the funeral rite and coping in time of COVID-19 affects the grieving process. The consequences of “bodiless” bereavement in survivors of people who died during the COVID-19 pandemic may be similar to Post Traumatic Stress Disorder (PTSD) (Spurio. Psychiatr Danub 2021; 33 (Suppl 9) 102-107).

**Objectives:** To evaluate the effects of the absence of the funeral rite on anxiety, depression, PTSD and hope in family members of people who have died from COVID-19.

**Methods:** In our observational study, 23 family members (12 females; 11 males; mean age: 48.56 yrs) who experienced a bereavement of a loved one without participation in funeral rites due to COVID-19 restrictions were recruited. They had turned to mental health professionals (psychiatrists and psychologists) as suffering from anxiety and depressive disorders. The subjects interviewed between the months of May 2020 and July 2020 (T0) were administered the following evaluation scales: Beck Hopelessness Scale (BHS), Beck Depression Inventory -2 (BDI-II); Anxiety Zung, and PTSD Checklist for DSM-5 (PCL-5).

The same scales were administered after 1 year (T1) and after two years (T2).

All the relevant data were analysed using EZAnalyze Version 3.0, Microsoft Excel Add-In. Repeated Measures ANOVA Variables used for analyzing scales scores.

**Results:** The main results are shown in Table 1. High values of hopelessness, anxiety and depressive symptoms were observed in T0. The score was reduced in the following times. In BHS the ANOVA results indicate that at least two of the repeated measures differed significantly ( $P$  – Unadjusted: T0 and T2: .003, T1 and T2: .009;  $P$  – Bonferroni: T0 and T1: .009, T1 and T2: 0.28). Similar

results were highlighted in the Zung and DBI-II scales. These results indicate high levels of anxiety and depression at the beginning of the observation period (T0). The results for the assessment of PTSD indicate statistically significant differences ( $P$ .000, Eta Squared: .378).

**Image:**

Scales	Repeated Measures ANOVA Variables			P	Eta Squared	Statistic sign
	T0	T1	T2			
N Valid:	24	24	24			
PCL-5	Mean: 27.667	26.167	20.542	.000	.378	+
	Std. Dev: 8.341	8.478	6.143			
BHS	Mean: 12.333	11.875	10.458	.001	.220	+
	Std. Dev: 4.208	3.893	3.776			
DBI-II	Mean: 21.625	18.583	14.542	.000	.398	+
	Std. Dev: 4.647	4.659	4.943			
Zung	Mean: 42.083	36.042	31.583	.000	.487	+
	Std. Dev: 15.665	13.836	13.736			

**Conclusions:** Our little study evaluated some psychological factors in the emotional process of “normal” and complicated mourning. The loss of a loved one is inevitably an extremely painful event and is accompanied by a series of highly emotional experiential pathways. In the first months after death, family members have high levels of anxiety, depression, and hopelessness. There is a need to deepen the study with a higher number of participants and with a comparison with “normal” bereavement

**Disclosure of Interest:** None Declared

## EPP0175

### Characteristics of admissions to a Hospitalization Unit in a rural population during the COVID-19 pandemic

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**Introduction:** On January 7, 2020, the Chinese authorities identified a new type of virus from the Coronaviridae family as the causative agent of an outbreak of pneumonia of unknown etiology, which has been named SARS-CoV-2. The disease caused by this new virus has been named by international consensus COVID-19. The WHO recognized it as a global pandemic on March 11, 2020. The Government of Spain declared the State of Alarm on March 13. Hospitals have had to reorganize their consultation areas and emergency rooms to carry out security measures and prioritize the care of patients with COVID-19. All this has had repercussions on the closure of Psychiatric Day Hospitals and outpatient consultations, carrying out fundamentally telephone or telematic follow-up.

**Objectives:** The objective of the study was to analyze the characteristics of admission during the year after the 2020 pandemic compared to the similar period in 2019.

**Methods:** An observational study of retrospective characteristics of patients admitted to a hospitalization unit during the year 2020 after the pandemic will be carried out compared to the year 2019 of the same period. Demographic and clinical variables are included in the study.

**Results:** During the period after the 2020 pandemic, a total of 135 patients were admitted, with a mean age of 42.8 years, 65 of