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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 administred, 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 ± 742 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 pretreatment 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

of the data was carried out using the methods of descriptive statistics and correlation analysis of the IBM SPSS Statistics, v.22 software package.

Results: The values of the total sums of scores of individual clusters (depression, anxiety, sleep disorders) of the HDRS-17 scale in the "COVID" and "non-COVID" groups did not differ statistically. The exception was a significantly higher ($p>0.01$) number of complaints of somatic disorders (weakness, heaviness and pain in the muscles, a feeling of loss of energy, loss of strength, decreased libido) in patients who had COVID compared to those who did not (2.4 ± 1.0 and 1.4 ± 1.1 points, respectively). In the "non-COVID" group, the HDRS-17 somatic disorder cluster scores positively correlated with SP values of beta2 EEG (20–30 Hz) in leads F3, F8, and P3. which reflects the increased activation of brain stem structures, characteristic for depressive conditions. In the "COVID" group, these scores correlated with the SP values of alpha3 (11-13 Hz, in leads F4, F8, C4 and T4) and beta2 (20-30 Hz, in C4) not positively, but negatively. Thus, the severity of somatic complaints in patients of this group is associated not with greater, but with less activation of the brain (in particular, of the right hemisphere), which, presumably, may be associated with the "exhaustion" of the central mechanisms of regulation of autonomic functions after suffering COVID disease.

Conclusions: COVID (in a mild or asymptomatic form) did not show a significant effect on the overall severity of depression of the studied group of patients who recovered from COVID, with the exception of a significantly greater severity of their somatic complaints compared to the group of patients who had not been ill with COVID. The study supported by the RSF grant No. 21-18-00129.

Disclosure of Interest: None Declared

EPV0292

A Complicated Case: Presenting Neuropsychiatric Symptoms After COVID Infection

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Introduction: The COVID-19 pandemic has affected millions of people worldwide. Among a large number of deaths, COVID-19 has caused significant health-related sequelae involving many systems of the body. Some results include increased anxiety, depression, insomnia, and other distress symptoms. Additionally, there are reports of sudden onset of psychosis in patients with no psychiatric history following COVID-19.

Objectives: Emphasizing the importance of Covid 19 causing many psychiatric diseases, although its etiology is not yet known.

Methods: Report of a clinical case

Results: We report a 68-year-old previously healthy woman with no personal or family history of mental illness who was hospitalized due to COVID-19 and then started to have psychiatric complaints. She had complaints such as refusal to speak, eat and drink, fear of death which started after her discharge from the hospital due to COVID-19.

On 14.07.2021, she applied to the psychiatry outpatient clinic of our hospital for the first time. In addition to the existing complaints, we have considered the preliminary diagnoses of dementia and

psychotic depression due to the increasing fear of being alone, going out alone, confusion in the interim periods, and thoughts that someone will harm her and her family. We consulted the neurology clinic and she was admitted to the neurology service with a preliminary diagnosis of encephalitis. During her hospitalization, the patient's EEG and MRI were taken, LP was performed, and no pathology was detected in the examinations. Her current psychiatric treatment (escitalopram 10mg/d, medazepam 2mg/d, and olanzapine 2,5mg/d) continued throughout her hospitalization in the neurology service, but her complaints did not change. She was fed formula with an NG tube, IV hydration was provided, and a urinary catheter was inserted.

After ruling out neurological disease on 12.08.2021, the patient was admitted to our psychiatry service with a prediagnosis of catatonic-psychotic depression. Electroconvulsive therapy was planned because the visual hallucinations and persecutory delusions persisted. Total of 7 sessions of ECT were received. The patient's oral intake started with the current treatment, and her fluent speech began. Olanzapine dose was increased to 7.5mg/d, and escitalopram dose was increased to 20mg/d due to persistent depressive and psychotic symptoms. The patient was discharged on 02.09.2021 with the current treatment. Her complaints had improved before she was discharged.

Conclusions: COVID-19 remains an emerging disease with unknown psychological sequelae. Caution should be exercised regarding psychiatric symptoms and associated risks in patients with a recent diagnosis of COVID-19. Cytokine storm may also be involved in the etiology, in addition to many psychological factors such as fear of illness, uncertainty, and isolation. Potential risk factors and underlying biological mechanisms should be investigated.

Disclosure of Interest: None Declared

EPV0293

Affective state of people suffering from long covid and associated factors. Cross-sectional descriptive study

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Introduction: The "Post-COVID Syndrome" affects approximately 10% of people who have been infected with Covid-19. These people have a physical and mental impact.

Objectives: The objective of this study is to analyze factors related to poorer mental health in these patients from primary health care.

Methods: Cross-sectional study. The study population was post-COVID-19 patients aged 18 years or older and treated by Primary Health Care (PHC). The main variable was Affective state through the Hospital Anxiety and Depression Scale (HADS) questionnaire. The rest of the variables were: Socio-demographic variables, number of residual symptoms, cognitive using the Montreal Cognitive Assessment (MoCA), physical functioning variable will be measured by Sit to Stand Test and Sleep quality through the Insomnia Severity Index (ISI). A bivariate analysis and also a lineal multivariate model were developed. Ethics approval was granted by the Clinical Research Ethics Committee of Aragón (PI21/139 and PI21/454).