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.
doi: 10.1192/j.eurpsy.2023.505

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.
doi: 10.1192/j.eurpsy.2023.506

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