EPV0315

SEVERITY OF ANXIETY AND SYMPTOMS OF DYSFUNCTIONAL BREATHING IN PATIENTS WITH CHRONIC RESPIRATORY DISEASES IN THE COVID-19 PANDEMIC

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Introduction: The conditions of the COVID-19 pandemic, as well as the risks associated with it, led to a deterioration in the emotional state of many people: during the pandemic, an increase in the frequency of anxiety disorders was noted, especially among patients with chronic diseases of the respiratory system. Since the beginning of the COVID-19 pandemic, the respiratory system has been described as very "vulnerable" to the coronavirus.

Objectives: To study the severity of anxiety and symptoms of dysfunctional breathing (DB) in patients with chronic respiratory diseases in the conditions of the COVID-19 pandemic.

Methods: We used: «The Perceived Stress Scale-10», «State-Trait Anxiety Inventory», «Short Health Anxiety Inventory», and Nijmegen questionnaire.The sample: 89 patients with respiratory diseases, the average age was 49.21 ± 18.3. Of these, 38 patients with upper respiratory tract diseases (URTD) (J30-J39) and 51 patients with lower respiratory tract diseases (LRTD) (J40-J47). 49 people had a history of COVID-19 disease.

Results: The sample of patients with both URTD and LRTD diseases is characterized by a high level of stress (27.13 ± 6.937 vs 28.59 ± 6.014, p=0.293). The average indicators of health anxiety in patients with LRTD diseases significantly exceed those of patients with URTD diseases (20.18 ± 8.881 vs 15.68 ± 7.022; p=0.01), which is consistent with data on a greater assessment of the disease threat compared with patients with upper respiratory tract diseases.The severity of DB symptoms in the group of patients with LRTD diseases significantly exceeds that in the group of patients with URTD (19.05 ± 12.340 vs 24.29 ± 11.470; p=0.042). Also in this group, there is a greater severity of individual symptoms of DB: spasm of the mouth muscles (p= 0.015), accelerated deep breathing (p= 0.002), shallow breathing (p=0.001) and the inability to take a deep breath (p=0.001).When analyzing the symptoms among patients who had and did not have a history of COVID-19, significant differences were found in such manifestations of DB as dizziness (1.98 ± 1.351 vs 1.27 ± 1.232; p=0.024) and confusion in the environment (0.61 ± 0.891 vs 0.18 ± 0.465; p=0.010), and also according to the severity of the symptoms of DB in general (23.76 ± 11.996 vs 17.81 ± 8.461; t=2.007, p=0.043).During the analysis, a relationship was established between the severity of DB symptoms and alertness to bodily sensations (R=0.259, p=0.014), which may indicate both an increase in DB symptoms with increased attention toward sensory sensations, and greater screening activity with an increase in DB symptoms. Increased alertness to bodily sensations is associated with situational stress (R=0.530; p=0.001) and personal anxiety (R=0.495, p=0.001).

Conclusions: The results obtained make it possible to identify categories of patients with chronic respiratory diseases who need psychological counseling and psychotherapy.

Disclosure of Interest: None Declared

EPV0316

Health Locus of Control and Health Anxiety in Patients with COVID-19

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Introduction: Perceived sense of control over one's health contributes to determining health-related behaviors and an individual's health status. Therefore, it may enhance vulnerability to health anxiety in response to COVID-19 and influence implementation of preventive strategies and adherence to them. Health anxiety may serve as one of the factors that increase the perception of COVID-19 as dangerous and life-threatening. We hypothesized that external health locus of control may demonstrate a connection with higher levels of health anxiety, whereas internal health locus of control may be considered a protective factor alongside some personality traits due to its role in determination of coping strategies.

Objectives: To assess health locus of control (HLC) in patients with COVID-19 and evaluate its connection with the levels of health anxiety.

Methods: The study has involved 62 participants, average age is $23,4 \pm 8,2$, with 36 of them being diagnosed with COVID-19 one or more times, average age is $24,5 \pm 8,9$, whereas 26 of them were healthy, average age is $21,8 \pm 7,1$. The following methods were used: Brief Illness Perception Questionnaire (modified for COVID-19), Perceived Stress Scale, the state scale from the State-Trait Anxiety Inventory, Short Health Anxiety Inventory, Illness- and Treatment-Related Locus of Control Scale, HEXACO-24 Personality Inventory, Self-Government Test.

Results: COVID-19 patients differed from healthy participants by the following parameters: perceived danger of COVID-19 ($31,53 \pm 9,51$ vs $33,92 \pm 11,5$; p>0,05); perceived stress ($28 \pm 8,68$ vs $26,5 \pm 7,3$; p>0,05); state anxiety level ($23,3 \pm 11,1$ vs $25,1 \pm 12,5$; p>0,05); health anxiety ($14,3 \pm 6,76$ vs $13,8 \pm 5,7$; p>0,05); internal HLC ($18,8 \pm 3,24$ vs $17,8 \pm 4,67$; p>0,05); external HLC ($5,97 \pm 1,89$ vs $5,81 \pm 1,92$; p>0,05); extraversion ($11,8 \pm 3,36$ vs $13,10 \pm 3,71$; p>0,05).

Correlation analysis has revealed mild positive correlations between health anxiety level and both external HLC (0,32; p<0,05) and chance HLC (0,25; p<0,05), mild negative correlation between health anxiety and internal HLC (-0,18; p>0,05). Analysis of COVID-19 related variables found that health anxiety levels were positively correlated with perceived danger of coronavirus disease (0,37; p<0,01), perceived stress (0,59; p<0,001) in the whole sample. Negative correlation was observed between extraversion and health anxiety (-0,49; p<0,05) in the group of COVID-19 patients.

Conclusions: The results obtained in our study demonstrate the connection of the higher levels of health anxiety in COVID-19 patients with more external orientation of HLC. The connection between extraversion and health anxiety is also observed. Our study indicates that participants diagnosed with COVID-19 one or more