are rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day). For CAS, a score ≥ 9 indicates probable dysfunctional coronavirus-related anxiety, for OCS a ≥ 7 score indicates probable dysfunctional thinking about COVID-19, and for CRBS score ≥ 12 suggests above-average reassurance-seeking activity.

Results: A total of 405 adults (66.4% women) from Cyprus participated in this study. The results of this study demonstrate that these Greek adapted measures have adequate reliability (Cronbach's alphas >0.70) and factor structure (exploratory and confirmatory factor analysis support). However, only the CAS demonstrated both convergent and divergent validity. Education personnel, housekeepers, and older adults were also found to have higher coronavirus anxiety relative to their counterparts.

Conclusions: The findings of this research support the use of these coronaphobia scales in Cyprus and other Greek-speaking populations. Assessing the potential for fear-driven behaviors may be of great benefit to both clinicians and researchers, helping to identify individuals at risk, adapt interventions, and improve our understanding of the psychological consequences of surviving a public health emergency.

Disclosure of Interest: None Declared

EPP0395

Comparing Psychiatric Admission Following Suicidal Presentations to the Emergency Department pre-COVID and During the COVID era

S. Crowley[1]* and E. Cassidy[2]

[1]Clare Psychiatry of Later Life, HSE Mid West, Ennis and [2]Department of Liaison Psychiatry, Cork University Hospital, Cork, Ireland
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.555

Introduction: Suicide is one of the leading causes of death worldwide, (Centiti et al. 2020). Presentations to the emergency department (ED) with suicidal ideation (SI) or deliberate self-harm (DSH), and admissions following same, are a major part of unscheduled adult mental health service activity.

Objectives: To evaluate how suicidal presentations to the emergency department (ED), and admission following same have been affected by the COVID era thus far. To evaluate how key patient characteristics affect admission during the COVID era and pre-COVID, namely whether presentations were with suicidal ideation (SI) or deliberate self-harm (DSH), whether the patient was previously known to a community mental health team (CMHT), and whether the patient was intoxicated at the time of presentation.

Methods: Data is routinely collected on all adults presenting with SI/DSH to the ED. We looked at presentations, admissions and key patient characteristics over the 12 months of the COVID era thus far (March 2020-February 2021) and compared them to the preceding 12 months.
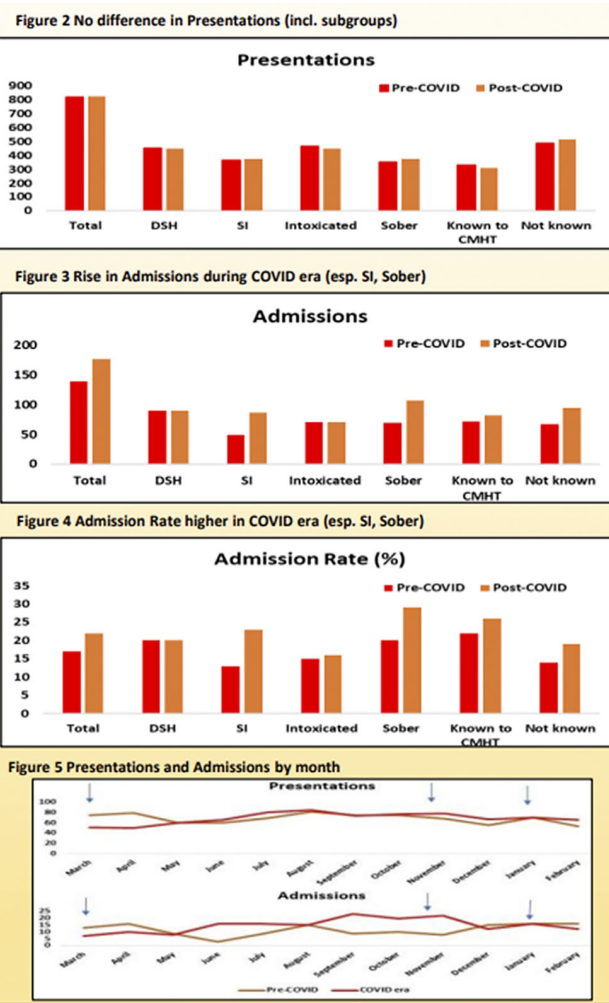
Results: Presentations over the two 12 month periods were similar (pre-COVID n=819, COVID era n=823). However, admission increased by 27% (139 to 177) over the COVID era as a whole. For nine months of the COVID era monthly numbers of admissions were higher than their pre COVID comparison. Admission rates during the COVID era were found to be increased across all patient groups examined, but were particularly increased in those presenting sober or with SI. Admission rates rose equivalently for those known or unknown to a CMHT.

Image:

Table 1: Patient Characteristics

Socio-Demographic Information	Pre-COVID	COVID era
Total	819	823
Gender		
Female	403 (49%)	421 (51%)
Male	416 (51%)	402 (49%)
Age		
18-19	66 (8%)	69 (8%)
20-25	180 (22%)	212 (26%)
26-29	98 (12%)	98 (12%)
30-39	179 (22%)	161 (20%)
40-49	139 (17%)	129 (16%)
50-59	93 (11%)	81 (10%)
60-64	21 (3%)	39 (5%)
65 or older	43 (5%)	34 (4%)

Image 2:

Figure 2 No difference in Presentations (incl. subgroups)

Figure 3 Rise in Admissions during COVID era (esp. SI, Sober)

Figure 4 Admission Rate higher in COVID era (esp. SI, Sober)

Figure 5 Presentations and Admissions by month

Conclusions: The number of admissions following suicidal presentations to the ED has risen significantly in the COVID era. This may be due to more severe presentations in terms of risk of suicide without admission or increased psychiatric morbidity requiring admission. Limitations of service provision in the community due to COVID era restrictions may also partially explain these findings.

Disclosure of Interest: None Declared

EPP0396

Anxiety and subjective assessment of cognitive functions after COVID-19.

T. I. Medvedeva, O. M. Boyko*, S. N. Enikolopov and O. U. Vorontsova

Clinical psychology, Federal Stare Budgetary Scientific Institution "Mental Health Research Center", Moscow, Russian Federation
*Corresponding author.

Introduction: Wide circulation of the COVID-19 has led to the high occurrence of a longcovid in which the complaints of violations of cognitive functions and affective disorders often occur.
Objectives: The aim of this study was to assess the relation of anxiety and subjective appraisal of the states of cognitive functions.
Methods: The data of 1233 respondents of internet-research who were divided into the four groups according to their COVID-19 status and the level of anxiety. Group 1 (didn't have COVID before, low level of anxiety) – 689 people (mean age 40,6), group 2 (didn't have COVID before, High level of anxiety) – 364 people (mean age 39,8), group 3 (had been ill COVID-19, low level of anxiety) – 102 people (mean age 41,2), group 4 (had been ill COVID-19, High level of anxiety) -130 people (mean age 35,5). Methods include the questions about the states of their cognitive functions (attention, memory, working capacity), a question about COVID-19 status. There are the results of comparing the groups that was carried out using the Kruskal-Wallis test. A pairwise comparison was carried out using the Mann-Whitney test for two groups of people who were not ill; two groups who were ill; two groups with a low level of anxiety; two groups with a high level of anxiety. To correct multiple comparisons, the adjusted significance level calculated by the formula ($p = 1 - 0{,}951^{1/n}$) was used, which was p=0,017 for 4 pairwise comparisons.
Results: Results are shown in table.

	Group 1	Group 2	Group 3	Group 4
Trouble remembering things	0,50	0,99	0,77	1,30
	(*2)	(*1, *4)	(*1, *4)	(*2, *3)
Feeling low in energy or slowed down	0,74	1,77	1,23	2,34
	(*2, *3)	(*1, *4)	(*1, *4)	(*2, *3)
Having to do things very slowly to insure correctness	0,27	0,88	0,31	1,00
	(*2)	(*1)	(*4)	(*3)
Difficulty making decisions	0,63	1,63	0,82	1,67

Continued

	Group 1	Group 2	Group 3	Group 4
	(*2)	(*1)	(*4)	(*3)
Your mind going blank	0,34	1,12	0,64	1,36
	(*2, *3)	(*1)	(*1, *4)	(*3)
Trouble concentrating	0,58	1,55	0,72	1,86
	(*2)	(*1, *4)	(*4)	(*2, *3)
Feeling everything is an effort	0,43	1,47	0,56	1,81
	(*2)	(*1, *4)	(*4)	(*2, *3)

An entry in parentheses such as (2*) means that this group for this parameter statistically significant differs from group 2.
As indicated in the table, respondents with the high level of anxiety have higher levels of the subjective assessment of cognitive functions regardless of their COVID-19 status.
Conclusions: A possible explanation may be the disorganizing effect of anxiety on the cognitive functions. When combined with possible organic disorders caused by the transferred COVID-19, the most marked indicators of cognitive decline are observed. An effective rehabilitation of cognitive functions after COVID-19 requires to diagnose the level of anxiety and to seek psychological and psychiatric assistance for people with a high level of anxiety.

Disclosure of Interest: None Declared

EPP0397

Divergent risk of SARS-CoV-2 infection, severe COVID-19 and mortality across psychiatric disorders: analysis from electronic health records in Catalonia

A. Monistrol-Mula[1]*, M. Félez-Nobrega[1], I. Giné-Vázquez[1] and J. M. Haro[1]

[1]Epidemiology of mental disorders and ageing, Institut de Recerca Sant Joan de Deu, Sant Boi de Llobregat, Spain
*Corresponding author.

Introduction: People with psychiatric disorders are particularly vulnerable to SARS-CoV-2 infection and its associated complications. However, current literature show that not all psychiatric disorders are equally vulnerable to COVID-19.
Objectives: This study aimed to assess whether individuals with distinct psychiatric disorders exhibit different risk of SARS-CoV-2 infection, COVID-19 hospitalization, and mortality.
Methods: We conducted a case-control study using data of electronic health records from Catalonia. Cases included adults with a hospital admission between 2017 and 2019 for non-affective psychosis, bipolar disorder, depressive disorder, stress-related disorders, neurotic/somatoform disorders, and substance misuse. These were matched to patients without a diagnosis by sex, 5-year age band, and living area. Outcomes included SARS-CoV-2 infection, hospitalization, and COVID-19-related death up to December 2021. Logistic regression analysis were employed to test the association between the six groups of psychiatric disorders and COVID-19