

**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.

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doi: 10.1192/j.eurpsy.2024.556

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

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

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doi: 10.1192/j.eurpsy.2024.557

**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

outcomes, controlling for age, sex, smoking, being in a nursing home, and physical comorbidities.

**Results:** 785,378 subjects were included. Preliminary findings showed that patients diagnosed with psychosis and bipolar disorder had lower risk of infection [OR: 0.85 (95% CI: 0.79-0.92),  $p < 0.001$ ; OR: 0.84 (95% CI: 0.76-0.92),  $p < 0.001$ ], whereas individuals with stress-related and neurotic/somatoform disorders had higher risk of infection [OR: 1.08 (95% CI: 1.04-1.14),  $p < 0.001$ ; OR: 1.06 (95% CI: 1.03-1.10),  $p < 0.001$ ]. People with depressive, stress-related, and neurotic/somatoform disorders had lower risk of COVID-19 hospitalization [OR: 0.87 (95% CI: 0.78-0.97),  $p = 0.01$ ; OR: 0.71 (95% CI: 0.61-0.84),  $p < 0.001$ ; OR: 0.67 (95% CI: 0.60-0.76),  $p < 0.001$ ]. In line with these results, individuals with stress-related disorders also experienced lower mortality [0.49 (95% CI: 0.33-0.70),  $p < 0.001$ ]. Conversely, people with psychosis, bipolar disorder, and substance misuse exhibited higher risk of COVID-19-related death [OR: 2.9 (95% CI: 1.68-3.1),  $p < 0.001$ ; OR: 1.95 (95% CI: 1.30-2.81),  $p < 0.001$ ; OR: 1.82 (95% CI: 1.49-2.20),  $p < 0.001$ ].

**Conclusions:** We found different risks of SARS-CoV-2 infection, COVID-19 hospitalization, and COVID-19 mortality for psychiatric disorder groups. Differences in vulnerability to COVID-19 among people with psychiatric disorders might be explained by factors such as shared living facilities, physical comorbidities, psychotropic medications, and difficulties in accessing high-intensity medical care. Special attention should be directed towards individuals with psychosis, bipolar disorder, and substance misuse.

**Disclosure of Interest:** None Declared

### EPP0398

#### Clozapine and the Risk of Severe COVID-19: A Retrospective Cohort Study

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doi: 10.1192/j.eurpsy.2024.558

**Introduction:** Clozapine is the standard treatment for managing treatment-resistant schizophrenia (TRS). However, concerns arise due to potential hematologic side effects, such as agranulocytosis, especially during the COVID-19 pandemic.

**Objectives:** This study aims to investigate the association between clozapine treatment and an increased risk of severe COVID-19 infection in patients with TRS.

**Methods:** A retrospective study reviewed clinical records of forensic patients with TRS from 2020 to 2022 at Razi Hospital's forensic psychiatry department in Tunisia. Twenty-five patients, including 18 on clozapine treatment, were included.

**Results:** All patients were male, with an average age of 39.7 years. Twenty-three patients received at least one vaccine dose. Twenty-two patients contracted COVID-19. Among those treated with clozapine, two required intensive care unit admission and oxygen therapy without intubation. Clozapine treatment remained uninterrupted, with no dose escalation during infection episodes. Lymphopenia was the most commonly reported hematologic abnormality.

**Conclusions:** While there may be an association between clozapine use and an increased risk of COVID-19 infection, no clear correlation with infection severity and antipsychotic treatment was established in this study. Further research is needed to explore this potential association comprehensively.

**Disclosure of Interest:** None Declared

### EPP0399

#### The influence of the COVID-19 pandemic on the occurrence of depressive symptoms in the Croatian adult population

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doi: 10.1192/j.eurpsy.2024.559

**Introduction:** The COVID-19 pandemic has led to a worsening of mental health among the Croatian general population. However, the overall prevalence of population depressive symptoms in Croatia over the COVID-19 pandemic is still unknown.

**Objectives:** This study aimed to investigate the influence of the COVID-19 pandemic on the occurrence of depressive symptoms among Croatian adults.

**Methods:** This cross-sectional questionnaire study was conducted from mid-February to mid-May 2022 period. A validated, anonymous questionnaire that contained questions regarding demographic data, as well as the Zung Self-Rating Depression Scale was self-administered to a convenient sample of adults from the city of Osijek in eastern Croatia.

**Results:** The study sample included 500 subjects with a median age of 34 years (interquartile range 26-53), 42.4% males, and 57.6% females. According to the Zung Self-Rating Depression Scale, there were 16.2% of subjects with mild or moderate depressive symptoms. Depressive symptoms were more frequent among older subjects (61 years or older) ( $p = 0.001$ ), among subjects with a lower level of education (subjects with or without elementary school) ( $p < 0.001$ ), among subjects who were retired ( $p = 0.005$ ), among subjects who considered their socioeconomic status as under average ( $p < 0.001$ ), and among subjects who experienced death of close family member caused by COVID-19 infection ( $p = 0.004$ ).

**Conclusions:** The COVID-19 pandemic increased the prevalence of depression in the Croatian general population where some sociodemographic characteristics of study subjects seem to put those subjects at greater risk considering the occurrence of depressive symptoms. Development of appropriate supportive programs that enhance the mental health of the Croatian general population during pandemics is needed to potentially prevent the occurrence of depressive symptoms and to help the general population successfully overcome this important mental health challenge.

**Disclosure of Interest:** None Declared