

including prolonged mechanical ventilation with exposure to high sedation. In this context, post-discharge depression has been reported in previous COVID-19 studies, with a profound impact on patients' health-related quality of life (HRQoL).

Objectives: To identify depressive symptoms in COVID-19 survivors 1-year after hospital discharge and to analyse its association with HRQoL.

Methods: As part of the longitudinal MAPA project, this study enrolled critical COVID-19 patients admitted in the Intensive Care Medicine Department of a University Hospital (March-May 2020). Participants were assessed through telephone by an intensive care nurse and a psychologist, with the Patient Health Questionnaire (PHQ-9) (depressive symptoms), EuroQol five-dimension five-level questionnaire (EQ-5D-5L) and EQ-Visual Analogue Scale (EQ-VAS) (global health status patient record).

Results: A sample of 55 survivors (median age=66 years; 69% males) were included, with 20% showing depressive symptoms. Pain/discomfort (67%) and anxiety/depression (67%) were the most EQ-5D-5L domains reported. Survivors scoring for depression had more problems in all HRQoL areas (mobility:91%vs.48%, $p=0.015$; self-care:64%vs.27%, $p=0.035$; usual activities:91%vs.50%, $p=0.017$; pain/discomfort:100%vs.59%, $p=0.010$; anxiety/depression:100% vs.59%, $p=0.010$). Moreover, they had a lower EQ-VAS median, corresponding a worse self-perception of health status (50vs.80, $p=0.010$).

Conclusions: Even after 1-year, a significant proportion of survivors presented depressive symptoms with repercussions in all HRQoL dimensions and association with worse self-perception of global quality of life. Taking this in mind, early screening and treatment of depression in COVID-19 survivors will be crucial, minimizing its impact on quality of life.

Disclosure: No significant relationships.

Keywords: Depression; Covid-19; health-related quality of life

EPP0585

Delirium and health-related quality of life in severe COVID-19 survivors

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Introduction: Severe COVID-19 survivors experience long-term neuropsychiatric morbidity, particularly those who developed delirium, with a negative impact on health-related quality of life (HRQoL).

Objectives: To identify the cases of delirium in severe COVID-19 patients and to describe its association with post-hospital discharge HRQoL.

Methods: In the context of the longitudinal MAPA project, we included adult patients (≥ 18 years old) admitted with COVID-19 to the Intensive Care Medicine Department (ICMD) of a Portuguese University Hospital (October 2020-April 2021). Exclusion criteria were: ICMD length of stay ≤ 24 h, terminal illness, major auditory loss, or inability to communicate at the time of assessment. Delirium during ICMD stay was ascertained based on patients' clinical records. HRQoL was evaluated using the 5-Level EQ-5D questionnaire (EQ-5D-5L), at a scheduled telephone follow-up appointment on average 1-2 months after hospital discharge.

Results: Overall, 124 patients were included with a median age of 62 (range: 24-86) years, being mostly male (65%). About 19% had delirium, 42% were deeply sedated and 43% required invasive mechanical ventilation. Most survivors reported problems on the EQ-5D-5L domains: usual activities (85%), mobility (73%) and anxiety/depression (65%). Patients with delirium reported more pain/discomfort (75%vs46%; $p=0.011$) and considerably anxiety/depression (83%vs60%; $p=0.032$).

Conclusions: These findings pointed that COVID-19 patients who experienced delirium reported worse HRQoL, regarding pain/discomfort and anxiety/depression. This study highlights the importance of not only prevention but also early screening of delirium during hospital stay, as well as the crucial role of the timely interventions at discharge, in order to minimize delirium long-term impacts.

Disclosure: No significant relationships.

Keywords: Covid-19; Quality-of-life; Critical illness; delirium

EPP0586

Secondary Traumatic Stress and Vicarious Posttraumatic Growth among nurses during three COVID-19 lockdowns in Greece

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Introduction: Since the onset of the pandemic, nurses have been repeatedly exposed to their patients' COVID-19-related traumatic experiences. Therefore, they are at high risk for Secondary Traumatic Stress (STS), the stress syndrome resulting from helping others who are suffering. Positive psychological outcomes following this vicarious exposure are also likely. Vicarious posttraumatic growth (VPTG) refers to the positive changes from working with patients who themselves have coped with traumatic experiences.

Objectives: This study aims to examine STS and VPTG among 429 nurses during three lockdowns of the COVID-19 pandemic in Greece.

Methods: A repeated cross-sectional survey with a convenience and snowball sampling procedure was conducted. The Secondary Traumatic Stress Scale (STSS), the Post-Traumatic Growth Inventory

(PTGI), the Brief Resilience Scale, and the Brief Cope (BC) were used to measure STS, VPTG, resilience, and coping strategies, respectively.

Results: Nurses in Greece demonstrated high levels of STS at the first lockdown, significantly lower in the second one, which raised again -but not significantly- in the third lockdown. Resilience significantly decreased, whereas VPTG significantly increased across the three lockdowns. Following the escalation of the pandemic nurses in general used significantly more adaptive and less maladaptive coping strategies to deal with the crisis.

Conclusions: Further research is needed to clarify the longitudinal course of the negative and positive psychological effects of the pandemic on healthcare staff. Conclusions can guide the development of interventions to safeguard nurses from the deleterious impacts of the COVID-19 and support them in their process of growth.

Disclosure: No significant relationships.

Keywords: coping strategies; Vicarious Posttraumatic Growth; Covid-19 pandemic; Secondary Traumatic Stress

Schizophrenia and other Psychotic Disorders 06

EPP0589

Peripersonal space plasticity in Schizophrenia: a motor training.

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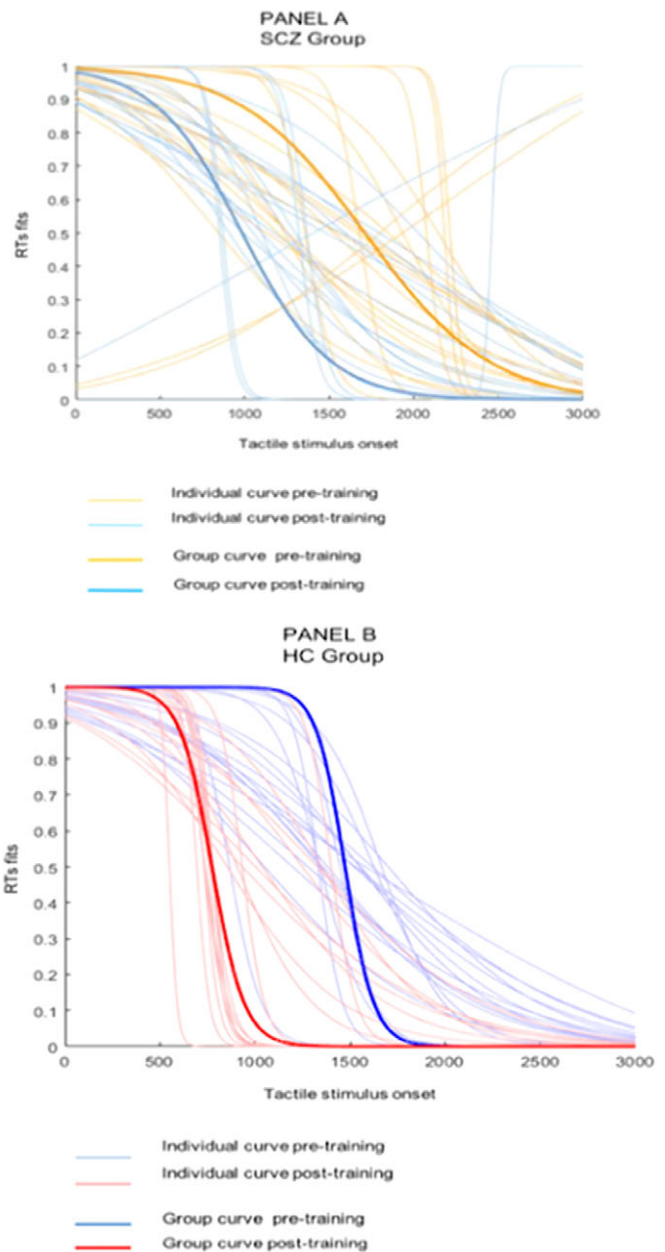
Introduction: A primary disruption of the bodily self is considered a core feature of schizophrenia patients (SCZ). The “disembodied” self would be underpinned by an inefficient body-related multi-sensory integration mechanism occurring in the Peripersonal Space (PPS). PPS is a plastic sector of space surrounding our body, whose extent is altered in SCZ. Although PPS represents a malleable interface marking the perceptual border between self and others, no study has investigated the potential alteration of its plasticity in SCZ.

Objectives: We investigated the PPS extension and its plasticity in SCZ and their potential correlations with the clinical scales.

Methods: Thirty SCZ and thirty healthy controls (HC) underwent a multisensory task to estimate PPS boundary before and after a motor training. Patients were also administered the Positive And Negative Syndrome Scale (PANSS) and the Examination of Anomalous Self-Experience (EASE).

Results: Data confirm a narrower PPS extent in SCZ than in HC, whereas no differences in PPS expansion was found in the two groups after the motor training (Figure 1). Positive symptoms

were associated directly with PPS extent and inversely with PPS plasticity. No associations were found between PPS and EASE domains. Figure1: Graphical representation of PPS expansion in SCZ and HC. Both panels show individual normalized sigmoid fits



Conclusions: The present study suggests a narrower PPS extent and a preserved PPS plasticity in SCZ with respect to HC. Both PPS extent and plasticity are related to the severity of positive symptoms. These results highlight the potential role of rehabilitation interventions in order to improve patients' weakened body boundary.

Disclosure: No significant relationships.

Keywords: schizophrenia; motor training; Psychosis; peripersonal space