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)

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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

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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

who had received treatment in the past but were no longer on treatment (52.3% vs 30.8%, p<0.001). The prescription of anti-psychotics also increased (29.3% vs 18.5%, p=0.012). At discharge, subjects were more frequently hospitalized in the Psychiatric Inpatient Unit in the post-COVID-19 period (22.2% vs 12.8%, p=0.012).

Conclusions: Our data confirms the vulnerability of youth populations during the pandemic. The consequences of health emergencies on the psychological well-being of this population must not be underestimated and tailored treatment strategies should be implemented.

Disclosure of Interest: None Declared

EPP0174

Hope, anxiety, PTSD and depression in COVID-19-bereaved family members

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Introduction: Sadness, nostalgia, deep discomfort, guilt and feelings of loss, hopelessness are just some of the emotions that overwhelm people who are experiencing the death of a loved one (Franza *et al.* Psychiatr Danub 2022; 34 (8) 60-63). The unusual mourning process in the time of COVID-19 challenges the usual process of coping with loss. The absence of the funeral rite and coping in time of COVID-19 affects the grieving process. The consequences of "bodiless" bereavement in survivors of people who died during the COVID-19 pandemic may be similar to Post Traumatic Stress Disorder (PTSD) (Spurio. Psychiatr Danub 2021; 33 (Suppl 9) 102-107).

Objectives: To evaluate the effects of the absence of the funeral rite on anxiety, depression, PTSD and hope in family members of people who have died from COVID-19.

Methods: In our observational study, 23 family members (12 females; 11 males; mean age: 48.56 yrs) who experienced a bereavement of a loved one without participation in funeral rites due to COVID-19 restrictions were recruited. They had turned to mental health professionals (psychiatrists and psychologists) as suffering from anxiety and depressive disorders. The subjects interviewed between the months of May 2020 and July 2020 (T0) were administered the following evaluation scales: Beck Hopelessness Scale (BHS), Beck Depression Inventory -2 (BDI-II); Anxiety Zung, and PTSD Checklist for DSM-5 (PCL-5).
The same scales were administered after 1 year (T1) and after two years (T2).
All the relevant data were analysed using EZAnalyze Version 3.0, Microsoft Excel Add-ln. Repeated Measures ANOVA Variables used for analyzing scales scores.

Results: The main results are shown in Table 1. High values of hopelessness, anxiety and depressive symptoms were observed in T0. The score was reduced in the following times. In BHS the ANOVA results indicate that at least two of the repeated measures differed significantly (P – Unadjusted: T0 and T2: .003, T1 and T2: .009; P – Bonferroni: T0 and T1: .009, T1 and T2: 0.28). Similar

results were highlighted in the Zung and DBI-II scales. These results indicate high levels of anxiety and depression at the beginning of the observation period (T0). The results for the assessment of PTSD indicate statistically significant differences (P. .000, Eta Squared: .378).

Image:

Table 1 - Data Evaluation Scales - ANOVA variables Scores (T0 vs T1 vsT2)

Scales		T0	T1	T2	P	Eta Squared	Statist sign
	N Valid:	24	24	24			
PLC-5	Mean:	27.667	26.167	20.542	.000	.378	+
	Std. Dev:	10.341	9.476	6.143			
BHS	Mean:	12.333	11.875	10.458	.001	.270	+
	Std. Dev:	4.208	3.893	3.776			
DBI-II	Mean:	21.625	18.583	14.542	.000	.396	+
	Std. Dev:	4.643	4.699	4.943			
Zung	Mean:	42.083	36.042	31.583	.000	.387	+
	Std. Dev:	15.665	13.836	13.736			

Conclusions: Our little study evaluated some psychological factors in the emotional process of "normal" and complicated mourning. The loss of a loved one is inevitably an extremely painful event and is accompanied by a series of highly emotional experiential pathways. In the first months after death, family members have high levels of anxiety, depression, and hopelessness. There is a need to deepen the study with a higher number of participants and with a comparison with "normal" bereavement

Disclosure of Interest: None Declared

EPP0175

Characteristics of admissions to a Hospitalization Unit in a rural population during the COVID-19 pandemic

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Introduction: On January 7, 2020, the Chinese authorities identified a new type of virus from the Coronaviridae family as the causative agent of an outbreak of pneumonia of unknown etiology, which has been named SARS-CoV-2. The disease caused by this new virus has been named by international consensus COVID-19. The WHO recognized it as a global pandemic on March 11, 2020. The Government of Spain declared the State of Alarm on March 13. Hospitals have had to reorganize their consultation areas and emergency rooms to carry out security measures and prioritize the care of patients with COVID-19. All this has had repercussions on the closure of Psychiatric Day Hospitals and outpatient consultations, carrying out fundamentally telephone or telematic follow-up.

Objectives: The objective of the study was to analyze the characteristics of admission during the year after the 2020 pandemic compared to the similar period in 2019.

Methods: An observational study of retrospective characteristics of patients admitted to a hospitalization unit during the year 2020 after the pandemic will be carried out compared to the year 2019 of the same period. Demographic and clinical variables are included in the study.

Results: During the period after the 2020 pandemic, a total of 135 patients were admitted, with a mean age of 42.8 years, 65 of