

In both genders, DBT-M/F and RNT significantly ( $p < .01$ ) predicted PDSS scores explaining 33.8% (Beta: DBT=.136,  $p = .050$ ; RNT=.538,  $p < .01$ ) of its variance in fathers and 50.4% in mothers (Beta: DBT=.218,  $p = .001$ ; RNT=.565,  $p < .01$ ).

**Conclusions:** During the COVID-19 pandemic, Portuguese recent mothers had higher levels of depressive symptoms when compared to recent fathers. However, in both new mothers and fathers, depressive symptoms' prevalence and severity were higher than the figures found in samples of new parents outside of the pandemic period and of samples from the general population. Addressing DBT-M/F, as well as RNT, in recent parents, could be relevant in preventing/improving their depressive symptoms.

**Disclosure of Interest:** None Declared

## EPV0308

### Development of depression in patients hospitalized for COVID-19 infection

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doi: 10.1192/j.eurpsy.2023.1657

**Introduction:** Coronavirus pandemic (COVID-19) has caused a great psychological impact all over the world. With this research, we want to discover the incidence and associated risk factors for depressive symptoms among hospitalized patients. The objective is to investigate patients with criteria of a severe clinical picture and expressed systemic inflammatory response to SARS-CoV-2 coronavirus infection and if they develop mental disorders- depression, measured by Depression, anxiety and stress scale- DASS-21 scale. With this research, we also calculate the index of the immune-inflammatory response SII and test the hypothesis that people with higher SII will develop mental disorders more often. Demographic variables, comorbidities, COVID-19 severity criteria, and the intensity of the organism's inflammatory response have also been examined. Psychiatric questionnaires were for the first time applied directly to patients with coronavirus infection during hospitalization.

**Objectives:** To identify possible risk factors for depression and to investigate the association between disease severity and the occurrence of psychopathology among COVID-19 hospitalized patients.

**Methods:** The subjects are patients suffering from COVID-19, older than 18 years who were hospitalized in the respiratory center KB Dubrava. After an interview and informed consent, demographic data was taken and two psychological questionnaires had been applied. Variables: patient characteristics -demographic data, experience of vulnerability, information on whether they have been previously treated psychiatrically, symptoms of anxiety, depression, stress, somatic comorbidities Intensity of systemic inflammation Severity of COVID-19.

**Results:** A total of 169 patients hospitalized were analyzed. The median age of the patients was 65. There were (62.1%) men and (37.9%) women. On admission, most patients had a severe

(134, 79.3%) or critical (17, 10.1%) form of COVID-19. The median Charlson comorbidity index was 3 points. Arterial hypertension was present in 101 (59.8%), diabetes mellitus 42 (24.9%), hyperlipoproteinemia 30 (17.8%), obesity 61 (36.1%), malignant disease 17 (10.1%) patients. 11 (6.5%) smoked and 7 (4.1%) patients consumed alcohol. The median CRPa was 72.75 mg /L. Median SII was 1741. During hospitalization, the median DASS21 score for depression was 14, for anxiety 8, and for stress 6. Regarding depression, it was absent in 49 (29%), mild in 27 (16%), moderate in 47 (27.8%), severe in 18 (10.7%) and extremely severe in 28 (16.6%) patients during hospitalization.

**Conclusions:** Patients with symptoms of depression during hospitalization felt statistically significantly more likely to be in danger of life due to COVID-19, had a more pronounced intensity of symptoms of COVID-19 upon admission. Additionally, patients with higher DASS 21 scores for depression were significantly more likely to be female, had COPD and required oxygen supplementation at higher flows.

**Disclosure of Interest:** None Declared

## EPV0309

### Assessing the surge capacity of hospitals in Ugandan health care systems in managing the COVID-19 pandemic

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doi: 10.1192/j.eurpsy.2023.1658

**Introduction:** The increasing cases of COVID-19 poses a threat on the over strained health care systems, especially in developing countries. Health care systems might need a surge to accommodate the ever increasing number of COVID-19 cases. Hence, we assessed the Ugandan healthcare systems' capacity to accommodate the surge in the increased caseloads, which might need admission and critical care due to COVID-19.

**Objectives:** Understanding the health systems capacity to accommodate the surge in increase caseload of COVID-19

**Methods:** We assumed that 2% of the Uganda population get symptomatic infections by COVID-19 based on modelled estimates of Uganda and ascertained the healthcare systems surge capacity for COVID-19 under three transmission curves scenarios; 6, 12 and 18 months. We estimated four measures for hospital surge capacity; ICU bed surge capacity, ICU bed tipping point, hospital bed capacity and hospital bed tipping point. Estimates were made for national level and 132 district local government.

**Results:** The capacity of Ugandan health care system to accommodate the increasing numbers of cases due to COVID-19 is hindered by the lack of oxygen. Only 9 in 20 (46%) of hospital beds had oxygen supply. The hospital bed surge capacity varied across districts. Under the 12 months transmission scenario, the proportion of hospital with available beds, that would accommodate COVID-19 cases varied from 4% in Karomoja district, to 84% in Kampala district. The Ugandan healthcare systems faces a critical gap in ICU

beds and ventilator capacity. Only 48 out of 132 districts had at least 1 ICU unit. An additional 2,247 bed and 2,756 ventilators (12 months transmission curve) will be needed to accommodate the caseloads due to COVID-19.

**Conclusions:** The capacity for Ugandan healthcare systems to manage to manage the COVID-19 caseloads is minimal. There need to address the sub-national variations in bed surge capacity, ICU units and ventilators within the Ugandan healthcare system.

**Disclosure of Interest:** None Declared

## EPV0310

### Subjective memory disorders and psychological distress in post COVID 19

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doi: 10.1192/j.eurpsy.2023.1659

**Introduction:** In addition to psychological distress in patients with COVID 19, neurological and neurocognitive manifestations, such as memory impairment, are increasingly reported. Screening for cognitive impairment is therefore crucial.

**Objectives:** Identify cognitive impairment in post COVID19.

**Methods:** This is a descriptive and analytical cross-sectional study that took place during the period from 1 st March 15 th May 2021 with 154 patients who were hospitalized at the COVID19 unit at Hedi Chaker Hospital Sfax. The psychometric evaluation, done by telephone, was performed using the "Hospital Anxiety and Depression Scale" for the screening of anxiety-depressive disorders, the "Impact of Event Scale-Revised" for the screening of post-traumatic stress disorder, the Insomnia Severity Index for the evaluation of sleep, the "The Prospective and Retrospective Memory Questionnaire" scale and the Mac Nair questionnaire for the evaluation of subjective memory.

**Results:** The mean age was  $66.62 \pm 13.34$  years. Male patients represented 60.4% of the population. The prevalence of anxiety, depression and post-traumatic stress disorder was 24.7%, 11% and 13.6% respectively. For the assessment of subjective memory, the mean total score of the PRMQ was  $27.72 \pm 7.71$ , with that of prospective and retrospective memory  $15.41 \pm 4.44$  and  $12.16 \pm 3.73$  respectively. According to the Mac Nair scale, 18.8% of patients had memory impairment (Mac Nair score  $\geq 15$ ). Anxious patients showed more memory impairment. Depressed patients had the most impaired scores for total memory ( $p=0.03$ ) and retrospective memory ( $p=0.022$ ). Patients with post-traumatic stress disorder had more memory impairment ( $p=0.021$ ).

**Conclusions:** Psychological distress is multifactorial in its etiology. The medium and long term management of COVID+ patients must therefore be multidisciplinary.

**Disclosure of Interest:** None Declared

## EPV0311

### Impact of COVID 19 on sleep quality: a study of 154 patients

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doi: 10.1192/j.eurpsy.2023.1660

**Introduction:** In addition to psychological distress, neurological and neurocognitive manifestations, the COVID19 pandemic and its medium- and long-term consequences combine other risk factors to alter sleep.

**Objectives:** To screen for COVID19 sleep disorders and to identify epidemiological and clinical factors correlated with this disorder in post COVID19 patients.

**Methods:** This is a descriptive and analytical cross-sectional study that took place during the period from the 1st of March to the 15th of May 2021 with 154 patients who were hospitalized at the COVID unit19 at the Hedi Chaker Hospital in Sfax Tunisia.

The sleep evaluation, made by telephone, was performed using the "Insomnia Severity Index" scale.

**Results:** The mean age was  $66.62 \pm 13.34$  years. Male patients represented 60.4% of the study population.

In our study, the prevalence of anxiety, depression and post-traumatic stress disorder was 24.7%, 11% and 13.6% respectively.

The mean score of the sleep disorder severity index was 3.94 with extremes of score ranging from zero to 24. Thirty-six patients (23.4%) had insomnia, which was severe in 2.6% of patients.

We found a significant association between gender and sleep disorders. Thus, women were more likely to have insomnia.

A significant association was found between insomnia, anxiety-depressive disorders and post-traumatic stress disorder.

No significant association was found between disease characteristics and sleep disorders.

**Conclusions:** In post COVID, patients suffer from an important sleep disorder. Indeed, the management of these sleep disorders in post Covid-19 is essential to improve the quality of life of these people.

**Disclosure of Interest:** None Declared

## EPV0312

### The social stigma and psychological impact in post COVID 19

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doi: 10.1192/j.eurpsy.2023.1661

**Introduction:** Coronavirus 2019 (COVID19) is a contagious disease. Infected patients are not only the vectors of the disease but also often the victim of the social stigma attached to it.