

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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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.

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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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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