

**Introduction:** According to the literature, 25-60% of dermatological patients have mental disorders. In the case of oncodermatological disease, the patient is under the influence of two stressogenic factors – existential experiences and social discomfort from the manifestations of the disease, which imprints on the patient's mental health and promotes the development of mental maladaptation (MM).

**Objectives:** To study the features of mental state in patients with dermatological diseases with different levels of vital threat.

**Methods:** The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

**Results:** 120 dermatological patients were examined: 60 patients with non-vital dermatological diseases (L82, A63.0, D18.0, L80), and 60 patients with dermatological diseases posing a vital threat (C43, C44, D04).

The identification of clinical signs of MM proved their presence in 70 (58.4%) people in the total sample. Among patients with non-vital diseases, the signs of MM were established in 33 (55.0%), among the patients with vital diseases – in 37 (61.7%). So, among patients with dermatological diseases, there are both psychologically adapted and maladapted individuals, regardless of the vitality/non-vitality of the pathological process.

In dermatological patients with signs of MM, the clinical picture is dominated by anxious (mainly in patients with non-vital diseases) and depressive (mainly in patients with vital diseases) radicals. Auxiliary psychopathological constructs are represented by manifestations of somatization, obsessive-compulsive symptoms, interpersonal sensitivity, and phobic anxiety. Affective symptoms are most pronounced in patients with MM and vital diseases, it is less pronounced in patients with non-vital pathology.

The presence and intensity of maladaptive pathopsychological-affective reactions in patients with dermatological pathology are not clearly associated with the vitality of the dermatological process, but are based on mechanisms of the mutual influence of biological predisposition and psychological and psychosocial factors, the mosaic combination of which determines the individual's resource capabilities for constructive acceptance the fact of the presence of a dermatological disease and the development of an adequate strategy for its mastery, regardless of the severity of the disease.

**Conclusions:** These patterns should be considered when developing treatment measures and rehabilitation for patients with dermatological pathology.

**Disclosure of Interest:** None Declared

## EPP0667

### Lithium Intoxication with Therapeutic Doses Following Laparoscopic Sleeve Gastrectomy: A Case Report and Review of the Literature

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**Introduction:** Lithium is a mood stabilizer often used as a first-line treatment for bipolar disorder. Its narrow therapeutic window and changes in the absorption, distribution, and elimination of the drug following bariatric surgery have important implications regarding patient safety.

**Objectives:** We present a 51-year-old female patient with bipolar disorder and a medical history of morbid obesity, type 2 diabetes mellitus, hypothyroidism, hyperlipidemia, and essential hypertension. She was mentally stable on lithium 1200 mg/day, valproate 500 mg/day, and quetiapine 400 mg/day. She had undergone laparoscopic sleeve gastrectomy. After a month, she showed up to the emergency room (ER) with nausea, vomiting, diarrhea, and fatigue. Gastroenteritis was suspected until the patient started showing neurological symptoms such as delirium, dysarthria, ataxia, chorea, and athetosis.

**Methods:** The patient was monitored and received aggressive intravenous hydration (3000 cc of 0.9% serum isotonic) in the intensive care unit (ICU). She was prescribed intramuscular biperiden injection of 5 mg/ml/day, pheniramine 45.5 mg/2 ml/day, and lorazepam 1 mg/day. Her lithium levels were checked every six hours. She was agitated and disoriented for the first five days despite lithium levels being in the therapeutic range. On day six, her blood lithium levels dropped to 0.399 mmol/L. Her psychiatric examination revealed that she resumed cooperation and orientation, her dysarthria subsided. However, her thought content and attitude were grandiose, and she had a labile affect. We prescribed 5 mg/day of olanzapine routinely and 1 mg/day of lorazepam on a needed basis. The next day, her labile affect became calmer, and her sleep improved so she was discharged from the ICU and admitted to general surgery inpatient service, and olanzapine was titrated to 10 mg per day since she had elevated mood symptoms.

**Results:** After 7 days of intravenous hydration and supportive treatment, her neurological symptoms completely subsided except for a fine tremor, which lasted for another 3 days and then ceased. She was clinically stabilized without further need for intervention. Her lithium level was 0.206 mmol/L before her discharge.

**Conclusions:** We believe it is of utmost importance to build a consensus in guidelines and inform physicians about lithium toxicity and its symptoms after bariatric surgeries. We recommend a careful follow-up of the patient pre- and postoperatively. Preoperative psychiatric intervention includes decreasing the lithium dose gradually and discontinuing it. After the operation, lithium can be started with a much lower dose and may be increased by checking lithium levels every week for at least 6 weeks after the operation until the patient can digest solid food again, and then every 2 weeks for 6 months, and thereafter every month for one year.

**Disclosure of Interest:** None Declared

## COVID-19 and related topics

### EPP0668

#### Comparison of inpatient psychiatric care for SARS-CoV-2 positive and negative adults in Vienna

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**Introduction:** The structure of psychiatric care has undergone many changes in recent decades. In addition, the SARS-CoV-2 pandemic has posed specific challenges for inpatient psychiatric

care. In Vienna, the admission of SARS-CoV-2 positive psychiatric patients has been centralised in one department, the 1st Department of Psychiatry and Psychotherapeutic Medicine, Klinik Hietzing.

**Objectives:** It will be investigated to what extent the admissions of SARS-CoV-2 positive and negative patients differ with regard to age, gender, diagnosis, need for involuntary admission, medication, duration of treatment, country of birth and the question of where the patients come from and where they are discharged to.

**Methods:** Between 15 March 2020 and 21 May 2022 (start and end of cohorting of all Vienna SARS-CoV-2 positive inpatient psychiatric patients in one department), 338 SARS-CoV-2 positive and 1312 SARS-CoV-2 negative patients were treated as inpatients at the 1st Department of Psychiatry and Psychotherapeutic Medicine of the Klinik Hietzing.

**Results:** The results of the study will be shown.

**Conclusions:** The SARS-CoV-2 pandemic has presented an outstanding challenge to inpatient psychiatry. An accurate portrayal of differences in the treatment of positive and negative patients is of importance for assessing the impact of the pandemic.

**Disclosure of Interest:** None Declared

## EPP0672

### Touch hunger: trajectory and predictors of longing for physical contact during the COVID-19 pandemic in people with and without psychiatric disorders

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**Introduction:** Little is known about touch hunger (longing for physical contact) during the COVID-19 pandemic, particularly for people with pre-existing mental health disorders.

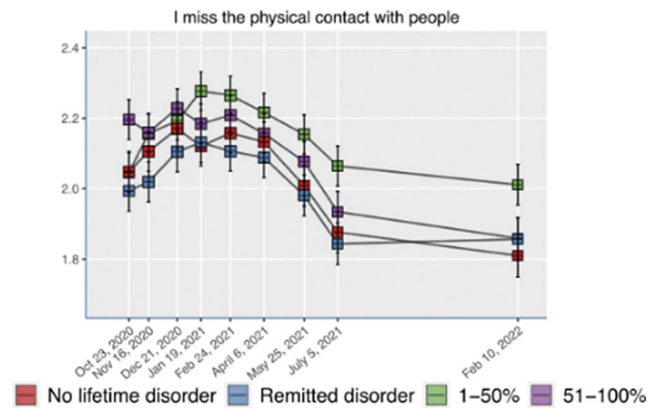
**Objectives:** We aim to investigate the dynamics of touch hunger in people with and without depressive, anxiety, or obsessive-compulsive disorders during the COVID-19 pandemic, and the potential predictors for touch hunger during lockdown.

**Methods:** Data were aggregated from three Dutch ongoing prospective cohorts with similar methodology for data collection. We included participants with pre-pandemic data gathered during 2006–2016, and who completed up to 9 online questionnaires between October 2020 and February 2022. We compared trajectories between subgroups with different pre-pandemic chronicity of disorders and healthy controls using linear mixed models. Socio-demographic, clinical (number and type of mental health disorders, personality traits) and COVID-19-related variables were analysed as predictors of touch hunger using multivariate linear regression analyses.

**Results:** We included 1061 participants with ( $n = 811$ ) and without ( $n = 250$ ) mental health disorders. In all groups, touch hunger increased during lockdown (Fig. 1). Extraversion ( $\beta = 0.256$ ,  $P < 0.001$ ), social distancing due to COVID-19 anxiety ( $\beta = 0.122$ ,  $P = 0.001$ ) and death of a close contact from COVID-19 ( $\beta = 0.073$ ,

$P = 0.02$ ) predicted higher touch hunger, while living with a partner ( $\beta = -0.109$ ,  $P = 0.004$ ) or with a partner and children ( $\beta = -0.147$ ,  $P < 0.001$ ) were protective factors for touch hunger. Remarkably, pre-pandemic mental disorders did not predict touch hunger during lockdown.

**Image:**



**Conclusions:** Social distancing measures have important psychological and emotional implications, as our study showed an increase in touch hunger during lockdown, which did not differ between people with and without mental health disorders. Extroverted individuals may benefit most from interventions aimed at addressing their need for physical contact during times of crisis.

**Disclosure of Interest:** None Declared

## EPP0673

### Pain, fatigability and cognitive impairment in long-COVID: a cohort study

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**Introduction:** Survivors of the pandemic of COVID-19 suffered from multiple sequelae long time after recovery, such as tiredness and memory dysfunction, affecting daily life activities.

**Objectives:** To assess fatigability, cognitive impairment and the severity of pain in long-COVID.

**Methods:** We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital discharge, using the visual analog scale (VAS), self-completed uni-dimensional scale and yes/ no question about fatigability and cognitive impairments.

**Results:** The median age of participants was 59 years, with extreme values ranging from 18 to 80. Among them, 51.2% were females.