Results: From a total 127 studies, we included 22 studies that met our criteria in our narrative review. Depending on the tool used and the type of population studied, the prevalence of general anxiety disorders varied between 20% and 49.5% while prevalence of depressive disorders ranged between 20.4% and 53.8%. Younger people, health care workers, those who had to give up physical activity, people who had lost income, those who lived alone, infected by COVID-19, or had a higher perceived risk of the disease had a higher prevalence of both anxiety and depression disorders during the pandemic. There was conflicting evidence on prevalence levels among men and women and on whether they had children or not.
Conclusions: COVID-19 has had a profound effect on the mental health of the Irish population. Some population groups are more affected than the others. Addressing mental health concerns of Irish population during and post pandemic should remain as one of the top public health priorities.

Disclosure: No significant relationships.
Keywords: pandemic; Coronavirus; lockdown; mental health

O0003

The effect of contamination disgust on Covid-19-related anxiety

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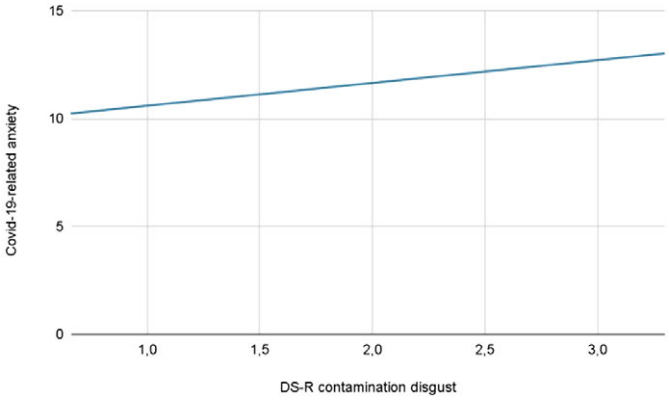
Introduction: It is proven that high levels of disgust contribute to implementing protective behaviors. Investigators also discovered that the emotion of disgust plays a central role in determining anxiety related to the contraction of COVID-19. Few data are available about the role of the contamination disgust, a specific disgust domain, in this relationship.
Objectives: The effect of contamination disgust on COVID-19-related anxiety was investigated.
Methods: 295 healthy subjects were enrolled through an online survey. They completed Disgust Scale-Revised (DS-R) and were asked to estimate their levels of Covid-19-related anxiety in 12 proposed situations. A total score was then calculated. An ANOVA model having Covid-19-related anxiety total score as dependent variable, and DS-R contamination disgust, age, and sex as predictors was estimated.
Results: The overall model was significant ($F(3,291)=6.402$, $p<0.001$) and explained 6.2% of total Covid-19 anxiety variance ($R^2=0.062$). The effect of DS-R contamination disgust on Covid-19-related anxiety was positive, significant ($B=0.974$, $t(291)=3.227$, $p=0.001$) and explained 3.5% of Covid-19-related anxiety variance (partial $\eta^2=0.035$). A significant effect of sex was detected ($F(1,291)=4.919$, $p=0.027$), with females having higher Covid-19-related anxiety than males, while no effect was detected for age ($B=-0.024$, $t(291)=-0.884$, $p=0.377$).



Conclusions: The presented data provide preliminary evidence for an effect of contamination disgust on Covid-19-related anxiety.

Disclosure: No significant relationships.
Keywords: Covid-19; contamination disgust; Anxiety; Covid-19-related anxiety

O0004

A Network Analysis Study Investigating Posttraumatic Stress Disorder and Dissociation Comorbidity in a UK Armed Forces Veteran Sample

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Introduction: An established body of literature has identified that PTSD and dissociation are comorbid. Furthermore, the DSM introduced a dissociative subtype of PTSD into their most recent update; DSM-5.
Objectives: The current study aimed to examine symptom-level associations between PTSD and dissociation using network analysis among UK Armed Forces veterans resident in Northern Ireland (NI) to identify if there are certain symptoms that may act as bridges between the two constructs.
Methods: A large scale cross sectional survey was conducted examining the physical and mental wellbeing of UK Armed Forces Veterans living in NI. The total eligible sample size was 619 (89.8% male), with a mean age of 55.38 years (SD = 10.41). Two networks were estimated, (1) a network consisting of 20 DSM-5 PTSD items and (2) a network consisting of 20 PTSD items and four dissociative items. Expected influence bridge centrality was calculated to examine symptoms with the most/strongest cross-domain associations (i.e. between PTSD and dissociation). The presence of meaningful clustering among symptoms was also explored.
Results: The PTSD symptoms *'concentration problems'*, *'flashbacks'* and *'negative emotional state'* had the highest relative bridge expected influence centrality. Of the four dissociative items, *'gaps in awareness'* had the highest relative bridge expected influence centrality, followed by *'cognitive-behavioural re-experiencing'*. A community structure of five clusters was detected. Four clusters reflected each subscale of the PCL-5 PTSD items and the final cluster reflected the dissociation items.
Conclusions: This study extends our understanding of PTSD and disociation comorbidity by investigating symptom level relationships; potentially informing future treatments and interventions.