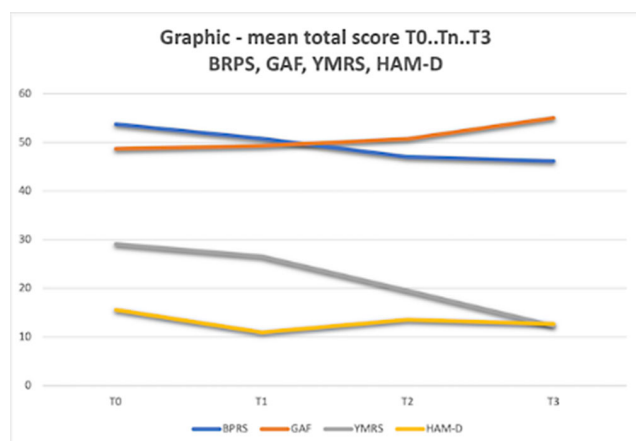


Image 3:

Conclusions: Our observational study showed that the atypical antipsychotics used in our work allowed a significant improvement of the symptoms in BD. However, the pandemic waves have no correlation with the treatment performed. New studies are necessary to highlight the relationship of the pharmacological treatment of BD with the progress of the COVID-19 pandemic.

Disclosure of Interest: None Declared

EPV0305

Persistent COVID an differential diagnosis with depression symptoms

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Introduction: We present the case of a 48-year-old woman, a nurse, referred from the Internal Medicine department for evaluation of depressive symptoms and accompanying somatic presentation following COVID-19. The aim is to highlight a recently emerging condition that we are increasingly encountering in our clinics, which can complicate the diagnosis of an underlying affective disorder

Objectives: Diagnosed with COVID-19, confirmed by a positive PCR test, 6 months ago following an infection in the workplace. The clinical picture consisted of mild symptoms, with a ten-day course and apparent resolution at the time of hospitalization. She returned to her work activities and gradually began to report fluctuating symptoms, including headaches, mild shortness of breath, fatigue, as well as a tingling sensation in the upper extremities, especially in the hands. Additionally, she described feelings of restlessness,

depressive mood, and intense fatigue. In additional tests: (CT-Scan) there are signs of mild bilateral lower lung fibrosis.

Methods: Treatment with Duloxetine was initiated for a case of depressive symptoms with accompanying physical symptoms. The differential diagnosis considered Major Depressive Disorder, Single Episode, and Adjustment Disorder with Depressed Mood.”

Results: We are facing a clear case of depressive clinic that may have endogenous features, if we adhere to criteria such as those in the DSM-5, as it would meet the criteria for Major Depressive Disorder, Single Episode. However, we have a clearly identified trigger, so we also need to perform a differential diagnosis, primarily with Adjustment Disorder with Depressed Mood: here, the symptoms appear within 3 months following the stressful agent (in this case, SARS-CoV-2 infection). Unlike Major Depressive Episode, once the agent has ceased, the symptoms do not persist beyond 6 months (which we do not know because the physical symptoms causing disability have not disappeared). In addition to purely psychiatric diagnoses that we are accustomed to, we must consider a new diagnostic entity that is becoming more prevalent as the pandemic progresses, namely “long-covid” or persistent COVID. These are generally middle-aged women who, several months after infection, continue to manifest a multifactorial complex of symptoms. These symptoms persist over time, not only the classical ones but also many others that can appear during the ongoing course of the disease.

Conclusions: Beyond the purely psychiatric diagnoses we are accustomed to, we must also consider a new diagnostic entity that is becoming more prevalent as the pandemic continues to advance: Persistent COVID or ‘long-COVID.’ Generally, this condition affects middle-aged women who, several months after contracting the virus, continue to exhibit a multifactorial complex of symptoms. The most common symptoms include fatigue/asthenia (95.91%); general discomfort (95.47%); headaches (86.53%); and low mood (86.21%)

Disclosure of Interest: None Declared

EPV0306

Insomnia and pain in COVID-19 survivors: a cohort Tunisian study

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Introduction: The SARS-COV-2 infection emerging in 2019 caused over 600 million infected people worldwide leading to an explosion of multiple physical and mental health problems. In this study we brought the light to the persistent troubles in sleep and pain among the survivors of the pandemic.

Objectives: We aimed to assess the prevalence of insomnia and the severity of pain among covid-19 survivors, and to seek an association between the two disorders.

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) to assess pain, *insomnia severity index* (ISI) to evaluate insomnia severity and the *mMRC* (modified British Medical Research Council) to estimate dyspnea.

Results: The median age of participants was 59 years. Among them, 51.2% were females.

Our findings showed a significant increase in VAS score after COVID infection (1 [IQR (1-2)] vs 3 [1-6]; $p < 0.001$) as well as with the ISI score (1 [IQR (1-1)] vs 5 [IQR (1-9)]; $p < 0.0001$). The prevalence of insomnia and pain in long haulers was 30.56% and 26.4% respectively.

We found a significant correlation between insomnia and pain ($p < 0.0001$, $r = 0.398$). We also found a significant association between dyspnea and insomnia ($p < 0.0001$) and between dyspnea and pain ($p = 0.001$). The age of the patients was correlated with insomnia ($p = 0.028$) and with dyspnea ($p = 0.007$) but not with pain. Female gender was associated with developing insomnia ($p < 0.0001$) and with pain ($p = 0.001$) but not with dyspnea.

Conclusions: Screening for persistent symptoms after the pandemic is important to help the survivors getting a better recovery in the long term.

Disclosure of Interest: None Declared

EPV0307

Influencing factors of presenteeism among Portuguese workers in a private social solidarity institution in the aftermath of COVID-19

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Introduction: In ordinary circumstances, the employed individuals demonstrate significant levels of psychological distress and presenteeism, a situation that has been further intensified by the COVID-19 epidemic. Furthermore, a limited number of studies have examined the phenomenon of presenteeism in the context of the COVID-19 pandemic, therefore necessitating the undertaking of the present study.

Objectives: The goal of this study was to investigate the levels of presenteeism and its related characteristics, as well as job satisfaction and psychological distress, among a sample of employees employed at a Private Social Solidarity Institution (IPSS) in Portugal.

Methods: A cross-sectional survey was undertaken in 2022 to observe personnel from an IPSS located in the central area of Portugal. The research had a sample size of 71 workers who were provided with a signed authorization. The survey was designed to gather both general and professional information from participants. Additionally, it included the Stanford Presenteeism Scale (SPS-6), the Job Satisfaction Questionnaire (S20/23), and the Kessler Psychological Distress Scale (K10) as measurement tools.

Results: The occurrence of presenteeism was seen in 32 employees, accounting for 45.1% of the sample, whereas illness absence was reported by 38 workers, representing 54.3% of the sample. The majority of the individual assessments for S20/23 demonstrated a

higher degree of satisfaction (mean ≥ 4.5 points.), with the exception of the salary-related issue, which elicited a higher level of discontent (mean = 3.36 ± 1.9 pts.). Approximately 50.7% of the individuals had a high or very high susceptibility to experiencing or developing a mental condition. The correlation matrix revealed a statistically significant moderate positive association between presenteeism and work satisfaction, as well as a statistically significant moderate negative link between presenteeism and psychological distress ($p < 0.01$). The associated factors of presenteeism were found to be marital status, quality of sleep, illness absenteeism, health perception, and psychological distress. The combined effect of these predictors was shown to account for 35.8% of the variance in presenteeism.

Conclusions: It is expected that the outcomes of our research will stimulate more investigations into the tangible implications of presenteeism in promoting improved health and well-being within the workplace.

Disclosure of Interest: None Declared

EPV0310

Screening the dysfunctional grief and its associated factors due to a death from covid-19 in Tunisia

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Introduction: In Tunisia, the 2019 corona virus pandemic was a challenging health situation, with more than 28 000 confirmed deaths in May 2022. The pandemic was responsible for people losing their beloved ones in a sudden and brutal ways. Even though the numbers of bereaved people had been escalating, little attention was paid toward their mental health. Grief is a normal response to losing someone close. However, recent studies have shown that the covid-19 grief is more severe than other causes of grief. It not only causes a negative impact on the bereaved life aspects but also creates severe consequences in the society. Screening a possible dysfunctional grief is a major need to prevent serious outcomes.

Objectives: To identify the prevalence of covid-19 dysfunctional grief and find out the possible associated risk factors to it.

Methods: A cross sectional online survey designed using Google Forms and distributed on social media platforms (Facebook, Instagram, WhatsApp) was conducted from 16 February 2022 to 05 May 2022. The participants provided information related to socio-demographic data. Covid-19 grief scale was assessed using the pandemic grief scale, which was translated into Arabic but not validated.

Results: A sample of 106 participants were recruited to this study. The sample was composed of Approximately 72% female and 28 % males, most of them were aged between 26 and 35 years old (37.7%) . Overall, individuals who lost a loved one more than 06 months period were more frequent (81%). 91.7 % of the sample scored above the cut score of 7 on the PGS.

Covid-19 grief was higher among those who sought psychological help ($p = 0.02$). In this sample, there was no associated risk factors between different socio-demographic characteristics and