

- 15 May). Subsamples from four time periods were compared using ANOVA. The first dataset was collected before the official restrictions' introduction ($n=88$). The second subsample was gathered during the "days off" week ($n=262$). The third period started with the "days off" extension and ended with the strict self-isolation announcement ($n=296$). The fourth dataset was gathered during self-isolation ($n=303$). General linear models (GLM) were used to determine the effect of variables on anxiety, depression, and general symptomatic index (GSI).

Results: Hardiness, anxiety, depression, and GSI differed significantly between the time-periods ($F=4.899$, $p<0.01$; $F=3.173$, $p<0.05$; $F=8.096$, $p<0.01$; $F=3.244$, $p<0.022$; $F=4.899$, $p<0.01$ respectively). GLMs showed gender, chronic diseases, self-assessed fears, and hardiness contribution to anxiety, depression, and GSI. Hardiness had the biggest effect on all models. Anxiety was additionally influenced by the time factor, which also interacted with hardiness (see Figure 1). With lower hardiness, higher anxiety arose over time.

Conclusions: Hardiness notably contributes to personal adaptation

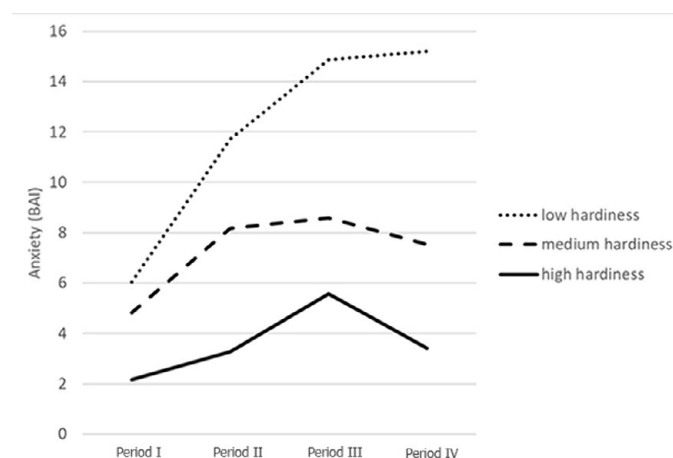


Figure 1. Hardiness and time effects on anxiety

during the COVID-19 outbreak-related restrictions.

Keywords: Anxiety; COVID-19; hardiness; Depression

EPP0384

COVID-19 mental health helpline: A tool for a rural population.

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Introduction: Coronavirus disease 2019 (COVID-19) pandemic has had a negative impact for mental health. ULS-Guarda in cooperation with Portugal National Health Service, provided the population of the district of Guarda with a mental health helpline (MHHL).

Objectives: Provide a descriptive data analysis of the MHHL calls received between April 1st and September 20th of 2020.

Methods: The data was obtained through the filling out of questionnaires. It included fields for gender, age, the type of service provided, relation to COVID-19, symptoms displayed and the number calls made per patient. For the statistical analysis, Microsoft ExcelTM was utilized.

Results: MHHL received 191 calls. The largest volume was received during April, which saw 116 instances of patients seeking the MHHL. The number of calls then tapered progressively throughout the following months. The services provided were split between psychiatric assistance, psychologic assistance, and the renovation of medical prescriptions, in 44%, 31% and 19% of the cases, respectively. The 101 patients who resorted to the MHHL were unevenly distributed in gender, being 74 female and 27 male individuals. Their ages were mostly between 50 and 69 years old. The most common symptoms were anxiety, depressed humor and insomnia, in 35%, 16% and 11% of the cases, respectively.

Conclusions: The largest influx of calls coincides with the home confinement period, and decreased alongside the relaxation of the confinement measures held. The MHHL had enough adherence to warrant consideration of it being an alternative means of healthcare access, especially in situations where physical access to healthcare is restricted.

Keywords: mental health; COVID-19; Helpline

EPP0385

Binge eating disorder experienced by young doctors struggling with COVID-19

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Introduction: The COVID19 outbreak has disrupted the mental health of resident doctors who had to care for patients. Eating disorders were among these reported mental health problems.

Objectives: To screen binge eating disorder among young Tunisian doctors and its associated factors.

Methods: We conducted a cross-sectional, descriptive and analytical online-based survey, from April 19, 2020, to May 5, 2020 on 180 medical residents in training. We sent the survey via a google form link. We used a self-administered anonymous questionnaire containing sociodemographic and clinical data of young doctors. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria were used to assess Binge-Eating Disorder.

Results: Among 180 young doctors who enrolled the survey, 70,2% were female, 16% were married. The mean age was 29 years. 51,1% were frontline caregivers, working directly in diagnosing, treating or caring for patients with coronavirus disease. Among our participants, 5% presented anxiety disorder, another 5 % presented depression disorder and 1,7% had eating disorder. Binge eating disorder were present among 8,9 % of participants and it was associated to personal history of eating disorder (7,7% vs 1,1%, $p<10^{-3}$), past history of depression disorder (7,2% vs 3,3%, $p=0.008$), exposure to media or news about coronavirus outbreak (0,5% vs 8,3%, $p=0.04$).