

treatment between March 2020 and March 2022 and 154 patients who were hospitalized in the year before the pandemic were compared. The effect of the pandemic on the clinical profile of inpatients in the psychiatry ward was measured. For the psychiatric evaluation of the patients, Kiddie Schedule for Affective Disorders and Schizophrenia was used.

Results: When the drugs used by the patients in the ward were compared, there was a difference between the groups in terms of antipsychotic use. While there was a difference in the use of risperidone and aripiprazole ($p < 0.05$); there was no difference in the use of paliperidone, quetiapine, olanzapine, and clozapine ($p > 0.05$). There was a difference between the groups in terms of antidepressant use. While there was a difference in fluoxetine use; there was no difference between the use of sertraline citalopram and escitalopram ($p < 0.05$). No difference was observed between the use of other drugs, methylphenidate and atomoxetine, anxiolytic use, and the use of mood stabilizers lithium valproate lamotrigine ($p > 0.05$). It is observed that there is an increase in the need for antidepressants and antipsychotics used in the child and adolescent psychiatry service during the Covid 19 pandemic.

Conclusions: These results can help inform and develop strategies and interventions related to the pandemic in children and adolescents. Future research should continue to evaluate the psychological consequences of COVID-19 on adolescents. The treatment patterns that were used seemed to change indicating the pandemic had a significant effects on these patients. However, this statement requires to be backed up by other studies to get a conclusion, especially the ones with higher numbers of subjects and longer durations of follow-ups.

Disclosure of Interest: None Declared

EPP0170

Arthralgia is the main associated symptom to anxiety-depressive disorders during the “Long COVID” among Tunisian patients

F. Zaouali^{1*}, A. Chaouch², F. Boubaker¹, S. Bouchareb², H. E. Mrabet¹, A. Ben Mabrouk¹, I. Touil², L. Boussoffara², J. Knani², N. Boudawara², W. Alaya¹ and M. H. Sfar¹

¹Endocrinology Department and ²Pneumology-allergology department, Tahar Sfar University Hospital, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.503

Introduction: Various psychiatric disorders were reported during the long COVID. The most frequently cited by physicians included the insomnia, the anxiety-depressive disorders and the post-traumatic stress disorder. These symptoms would have a negative impact on the quality of life as well as on the socio-professional and economic efficiency.

Objectives: The aim of this study was to determine the associated factors to anxiety-depressive disorders during long COVID.

Methods: A cross sectional analytic study was conducted at Tahar Sfar university hospital of Mahdia over a period of one year (from March 2020 to March 2021). It included patients consulting within at least 1 month after a COVID-19 documented infection. We used the Hospital Anxiety and Depression scale (HAD) to screen for anxiety-depressive disorders.

Results: We recruited 137 patients in the study. The median age was situated at 60 years, ranging from 17 to 82 years. The sex ratio M/F was 0.073. The median HAD score was 19 [8, 33]. Anxiety-depressive disorders were present in 61% of cases. There was no statistically significant association between anxiety-depressive disorders and post COVID symptoms except arthralgia and myalgia (38.6% vs 13.5; $p = 0.006$ and 26.8% vs 5.4%; $p = 0.007$, respectively). After the multivariate analysis, only arthralgia during long COVID was associated with the anxiety-depressive disorders (95% CI 1.489 to 30.25, $p = 0.01$).

Conclusions: Arthralgia is a frequent symptom sometimes underestimated and in others overtreated. As it seems to be significantly associated with anxiety-depressive disorders in the post covid period, physicians should pay attention to the history of a viral documented or probable infection and to psychiatric symptoms' screening. Our results should however be confirmed by multicenter studies with larger sample size.

Disclosure of Interest: None Declared

EPP0171

Organic and psychiatric symptoms of “Long COVID” among Tunisian patients: a cross sectional study

F. Zaouali^{1*}, A. Chaouch², F. Boubaker¹, S. Bouchareb², H. E. Mrabet¹, A. Ben Mabrouk¹, I. Touil², L. Boussofara², J. Knani², N. Boudawara², W. Alaya¹ and M. H. Sfar¹

¹Endocrinology Department and ²Pneumology-allergology department, Tahar Sfar University Hospital, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.504

Introduction: Long COVID is a condition characterized by long-term health problems persisting or appearing after the typical recovery period of COVID-19. Physical symptoms such as respiratory, neurological and musculoskeletal complaints were initially described in the foreground. A little after, psychological disorders have been widely reported.

Objectives: The aim of this study was to screen for somatic and anxiety-depressive disorders of Long COVID.

Methods: A cross sectional descriptive study included the patients consulting within a minimum of 1 month after a COVID-19 infection. It was conducted at Tahar Sfar university hospital of Mahdia over a period of one year from March 2020 to March 2021. A questionnaire and physical examination were used to look for physical symptoms and the Hospital Anxiety and Depression scale (HAD) was used to screen for anxiety-depressive disorders.

Results: We recruited 137 patients. The median age was of 60 years with a sex ratio M/F at 0.073. Obesity was the most frequent comorbidity (36%) followed by diabetes (35%) and hypertension (32%). More than a quarter of patients was hospitalized (30%) during the acute phase, while the others (70%) were confined at home. The median stay duration at home or hospital was of 10 days with extremes ranging from 0 to 21 days. The most frequent post-COVID symptoms were dyspnea, mood disorders, myalgia, arthralgia, dry cough, sleep disorders and anorexia in 45%, 30%, 30%, 20%, 16%, 15% and 14% of cases, respectively. Pulmonary auscultation was normal in 86% of our patients, for the others we noted crackles, ronchi and wheezing among 9%, 1% and 1% of patients. The median oxygen saturation was 97% with a range from 93 to