

including prolonged mechanical ventilation with exposure to high sedation. In this context, post-discharge depression has been reported in previous COVID-19 studies, with a profound impact on patients' health-related quality of life (HRQoL).

Objectives: To identify depressive symptoms in COVID-19 survivors 1-year after hospital discharge and to analyse its association with HRQoL.

Methods: As part of the longitudinal MAPA project, this study enrolled critical COVID-19 patients admitted in the Intensive Care Medicine Department of a University Hospital (March-May 2020). Participants were assessed through telephone by an intensive care nurse and a psychologist, with the Patient Health Questionnaire (PHQ-9) (depressive symptoms), EuroQol five-dimension five-level questionnaire (EQ-5D-5L) and EQ-Visual Analogue Scale (EQ-VAS) (global health status patient record).

Results: A sample of 55 survivors (median age=66 years; 69% males) were included, with 20% showing depressive symptoms. Pain/discomfort (67%) and anxiety/depression (67%) were the most EQ-5D-5L domains reported. Survivors scoring for depression had more problems in all HRQoL areas (mobility:91%vs.48%, $p=0.015$; self-care:64%vs.27%, $p=0.035$; usual activities:91%vs.50%, $p=0.017$; pain/discomfort:100%vs.59%, $p=0.010$; anxiety/depression:100%vs.59%, $p=0.010$). Moreover, they had a lower EQ-VAS median, corresponding a worse self-perception of health status (50vs.80, $p=0.010$).

Conclusions: Even after 1-year, a significant proportion of survivors presented depressive symptoms with repercussions in all HRQoL dimensions and association with worse self-perception of global quality of life. Taking this in mind, early screening and treatment of depression in COVID-19 survivors will be crucial, minimizing its impact on quality of life.

Disclosure: No significant relationships.

Keywords: Depression; Covid-19; health-related quality of life

EPP0585

Delirium and health-related quality of life in severe COVID-19 survivors

L. Chorão^{1*}, S. Martins², A.R. Ferreira², J. Fernandes³, T. Vieira³, L. Fontes³, N. Reis³, A. Braga³, I. Coimbra³, J.A. Paiva^{3,4} and L. Fernandes^{2,5}

¹Faculty of Medicine of the University of Porto, Fmup, Porto, Portugal;

²Faculty of Medicine - University Porto, Department Of Clinical Neuroscience And Mental Health And Center for health technology and services research (cintesis), Porto, Portugal; ³Centro Hospitalar Universitário São João (CHUSJ), Intensive Care Medicine Department, Porto, Portugal; ⁴Faculty of Medicine - University Porto, Department Of Medicine, Porto, Portugal and ⁵Psychiatry Service, Centro Hospitalar Universitário De São João, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.794

Introduction: Severe COVID-19 survivors experience long-term neuropsychiatric morbidity, particularly those who developed delirium, with a negative impact on health-related quality of life (HRQoL).

Objectives: To identify the cases of delirium in severe COVID-19 patients and to describe its association with post-hospital discharge HRQoL.

Methods: In the context of the longitudinal MAPA project, we included adult patients (≥ 18 years old) admitted with COVID-19 to the Intensive Care Medicine Department (ICMD) of a Portuguese University Hospital (October 2020-April 2021). Exclusion criteria were: ICMD length of stay ≤ 24 h, terminal illness, major auditory loss, or inability to communicate at the time of assessment. Delirium during ICMD stay was ascertained based on patients' clinical records. HRQoL was evaluated using the 5-Level EQ-5D questionnaire (EQ-5D-5L), at a scheduled telephone follow-up appointment on average 1-2 months after hospital discharge.

Results: Overall, 124 patients were included with a median age of 62 (range: 24-86) years, being mostly male (65%). About 19% had delirium, 42% were deeply sedated and 43% required invasive mechanical ventilation. Most survivors reported problems on the EQ-5D-5L domains: usual activities (85%), mobility (73%) and anxiety/depression (65%). Patients with delirium reported more pain/discomfort (75%vs46%; $p=0.011$) and considerably anxiety/depression (83%vs60%; $p=0.032$).

Conclusions: These findings pointed that COVID-19 patients who experienced delirium reported worse HRQoL, regarding pain/discomfort and anxiety/depression. This study highlights the importance of not only prevention but also early screening of delirium during hospital stay, as well as the crucial role of the timely interventions at discharge, in order to minimize delirium long-term impacts.

Disclosure: No significant relationships.

Keywords: Covid-19; Quality-of-life; Critical illness; delirium

EPP0586

Secondary Traumatic Stress and Vicarious Posttraumatic Growth among nurses during three COVID-19 lockdowns in Greece

A. Kalaitzaki¹, G. Tsouvelas², A. Tamiolaki^{1*}, M. Theodoratou³ and G. Konstantakopoulos⁴

¹Hellenic Mediterranean University, Department Of Social Work, Heraklion, Greece; ²University of West Attica, Department Of Nursing, Athens, Greece; ³Hellenic Open University, School Of Social Sciences, Patra, Greece and ⁴National and Kapodistrian University of Athens, Department Of Psychiatry, Athens, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.795

Introduction: Since the onset of the pandemic, nurses have been repeatedly exposed to their patients' COVID-19-related traumatic experiences. Therefore, they are at high risk for Secondary Traumatic Stress (STS), the stress syndrome resulting from helping others who are suffering. Positive psychological outcomes following this vicarious exposure are also likely. Vicarious posttraumatic growth (VPTG) refers to the positive changes from working with patients who themselves have coped with traumatic experiences.

Objectives: This study aims to examine STS and VPTG among 429 nurses during three lockdowns of the COVID-19 pandemic in Greece.

Methods: A repeated cross-sectional survey with a convenience and snowball sampling procedure was conducted. The Secondary Traumatic Stress Scale (STSS), the Post-Traumatic Growth Inventory