

are thought to work by increasing bias to positive emotional cues and decreasing bias to negative ones.

Conclusion. These data suggest that intake of Bio-Kult® Advanced has an effect on mood and that this is achieved in ways distinct from the effects of pharmacological antidepressants. While more research is needed, these results suggest that certain probiotics could form part of an ‘early intervention’ strategy for people experiencing low mood. A second randomised controlled trial (currently recruiting) will provide data on this intervention in patients with a formal diagnosis of depression undergoing concurrent pharmacological treatment.

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Psychiatric, Neurophysical and Neurocognitive Sequelae of Post-Acute COVID-19 Syndrome: A Systematic Review

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Aims. COVID-19 causes cognitive, neurophysical and psychiatric sequelae that persist beyond the acute illness. These appear to be independent of the direct impact on respiratory function although the impact of multiorgan, especially brain pathology, may be a contributory factor – as may psycho-social effects of the disease. We performed a systematic review of literature to assess the sequelae of post-acute COVID-19 syndrome to better understand the need for dedicated interventions to improve functioning.

Methods. We conducted a systematic review of reports included in MEDLINE, PsycINFO, and EMBASE. We searched for cohort studies exploring psychiatric and neuro-cognitive sequelae of post-acute COVID-19 in adults with a sample size of at least 100. The search was conducted on 4 February 2022. Findings are reported in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Two authors independently assessed the included studies’ methodological quality using The National Institute of Health (NIH) quality assessment tool for observational cohort and cross-sectional studies and all records were rated as good or fair.

Results. Our search identified 66 records and 14 met protocol requirements. The studies varied in sample size ranging from 100 to 3762 participants. Time to follow-up ranged from 1–12 months. Main symptoms identified by a majority of the studies were; Fatigue (25% to 85%) and Sleep problems (20% to 79%). Psychiatric symptoms; Anxiety (19% to 56%), Depression (11% to 47%), PTSD (6% to 43%) and altered sense of reality (3% to 15%). Neuro-cognitive symptoms; Cognitive dysfunction (25% to 85%), brain fog (12% to 81%), memory problems (24% to 73%), concentration difficulties (25% to 54%), and attention deficit (27%).

Female sex, advanced age, pre-morbid asthma or COPD, increased disease severity, high BMI and new neurological complications during hospitalisation were some of the identified risk factors for persistent symptoms in post-acute COVID-19. One study identified male sex as a risk factor for moderate to severe PTSD. Current evidence suggests that symptoms decrease over time.

Conclusion. There is clear evidence of neuro-physical, psychiatric and neurocognitive sequelae in post-acute COVID-19 syndrome. Differences in assessing and reporting findings makes it difficult

to synthesize meaningful information. Identifying and formulating standardised assessments for outcome measures and reporting systems would be useful in future research. Further research into symptoms of post-acute COVID-19, to understand the pathophysiology will better enable us to raise public awareness, introduce preventative measures and incorporate appropriate treatment strategies for rehabilitation.

Frequency of Diagnostic Classification Systems’ Usage by Mental Health Professionals in Day-to-Day Clinical Practice

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Aims. Diagnostic classification systems (DCSs) are medical models constructed by experts with the purpose of facilitating diagnostic processes. Specifically in psychiatry, DCSs serve as mental health professionals’ major diagnostic tool. Several studies, however, suggest that mental health professionals may not systematically apply the DCSs in day-to-day practice. The primary aim of this secondary research was to assess the actual frequency of DCSs’ application in psychiatric practice. All DCSs were considered. The secondary aims were to investigate the mode of DCSs’ application (e.g., assign diagnosis, inform treatment, administrative/billing or teaching purposes), and to assess if DCSs’ usage patterns vary depending on the clinicians’ specific occupation (e.g., psychiatrists, psychologists) and country of employment.

Methods. The bibliographic databases of MEDLINE Via Ovid, PsycInfo, Web of Science and Global Health were searched from 1/2000–12/2020. All primary studies assessing DCSs’ frequency of application by mental health professionals were eligible for inclusion. The search yielded nine eligible articles. The total number of participants from all included studies was 10,388. The study samples were diverse, including practitioners from a wide variety of geographical locations, languages, and income-level countries.

Results. The results of the study showed that 69% (95%CI = 58–80%) of the responders use DCSs “often, almost always or always” in day-to-day practice. Regarding the mode of DCSs’ application, responders stated that they use DCSs most frequently for administrative/billing purposes and assigning a diagnosis. The study’s results also showed that 68% (95%CI = 45–90%) of psychiatrists and 74% (95%CI = 43–100%) of psychologists use the DCSs “often, almost always or always”. Subgroup analysis based on responders’ country of employment suggest that the frequency of “often, almost always or always” DCSs’ usage (according to World Health Organization regions) were: for the Region of the Americas 75.3%, for the African Region 73.5%, for the Western Pacific Region 71.6%, for the European Region 69.4%, for the South-East Asia Region 66.8%, and for the Eastern Mediterranean Region 57.1%.

Conclusion. The study’s outcomes indicate that DCSs are integrated into the daily practices of mental health professionals worldwide. Further research is needed, however, in order to assess in more depth DCSs’ application practices (e.g., comparative usage of different DCSs, types of mental disorders, patients and settings where DCSs are more frequently applied). Such findings could be valuable, since they can be used to help appraise the quality of DCSs’ actual use, the impact of DCSs on clinical care