

regression was conducted (using SPSS 28), with resilient coping as the dependent variable and the other variables entered as potential predictor variables.

Results: A total of 1522 students (75.1% women and 24.9% men) took part in this study. Most participants were single (91.2%), had no children (93%), and the ages ranged from 18 to 59, with a mean age of 22.88 ± 6.93 years. In terms of study level, the majority of students (73.7%) are at the undergraduate level and are not working (76.6%). Among the participants, 35.7%, 36.2%, and 28.5% had symptoms of stress, anxiety, and depression above the normal range, respectively. High resilience scores were found in 215 participants (14.1%). The mean hope (HHI) was 35.53 ($SD = 5.92$). Our results also demonstrated that hope is the only predictor of resilient coping ($p < 0.001$). A higher level of hope is expected to affect people's psychological adjustment by influencing both their appraisal of, and their coping with, the stressors confronted by them.

Conclusions: Establishing and improving protective factors should increase the likelihood of the individual successfully avoiding negative outcomes and increase their ability to function normally, thus promoting resilient outcomes. We were able to draw practical implications for developing resilience-promoting methods in a university context. These results can be used to help students build resilience by preparing for future problems.

Disclosure of Interest: None Declared

EPP0018

Role of L-Arginine supplementation in Long Covid-related Fatigue and Depression in Elderly Outpatients

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Introduction: Chronic fatigue and psychiatric manifestations (depression, anxiety and sleep disturbances) appear to be key features of post-COVID-19 syndrome and increase significantly in prevalence over time (Lavienraj et al. *J Neurol Sci* 2022;434:120162). Several studies have suggested an association between altered levels of arginine metabolites and depression, anxiety and stress severity (Arisoy et al. *J Psychiatr Res* 2020;120:21-28). L-arginine supplementation has also been shown to improve walking performance, muscle strength, endothelial function and fatigue in adults with Long COVID (Tosato et al. *Nutrients* 2022;14(23):4984).

Objectives: To study effects of L-arginine oral supplementation on chronic fatigue and depressive symptoms reported 3 months or more after acute COVID-19 onset in elderly outpatients without severe comorbid conditions.

Methods: This is a parallel-group, double-blind, randomized controlled trial conducted on 96 over 65 non-hospitalized patients suffering from Long Covid-related fatigue and depression. The first

group included patients that received 1,66 g L-arginine twice a day in addition to a standard antidepressant therapy based on Selective Serotonin Reuptake Inhibitors (SSRIs), whereas the second group received antidepressant only. Severity of fatigue and depressive symptoms was evaluated at baseline and after 8 weeks of treatment using Fatigue Symptom Inventory (FSI) and Hamilton Rating Scale for Depression (HAM-D), respectively.

Results: At baseline, 64 patients (66,7%) reported moderate fatigue (4-6) and the remaining 32 (33,3%) reported severe fatigue (7-10). In this phase the average HAM-D score was $12,85 \pm 5,97$; among patients, 57,3% experienced mild symptoms of depression, 32,3% experienced moderate symptoms and 6,4% experienced severe symptoms. After two months, patients treated with L-arginine supplementation exhibited a 30% greater improvement in fatigue-related symptom severity ($p=0.008$) and a significantly decrease in average HAM-D score ($p=0.002$) compared to the group treated with SSRI only.

Conclusions: According to our results, adding oral L-arginine to standard antidepressant therapy in elders with Long Covid-related fatigue and depression significantly decreases severity of both physical and affective symptoms. Further studies are needed to clarify the intriguing role of L-arginine in the treatment of Post Covid-19 syndrome and its potential effects in promoting geriatric patients' health, wellbeing and quality of life.

Disclosure of Interest: None Declared

EPP0020

COVID-19 Infection and Medicines in Pregnancy in Canada

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Introduction: Although over 100 million pregnant women worldwide are at risk of infection with SARS-CoV-2, little data exists on the impact of COVID-19 and related treatments on maternal/neonatal health.

Objectives: 1) To quantify the prevalence of medication use in pregnancy to treat COVID-19; 2) To quantify and compare the risk of adverse pregnancy/neonatal outcomes in those with and without COVID-19.

Methods: In the Canadian Mother-Child population-based cohort (CAMCCO), two key sub-cohorts were identified using prospective data collection of medical services, prescription drugs, hospitalization archives data, and COVID-19 surveillance testing program (02/28/2020-2021). The first cohort included all pregnant women with at least one completed trimester of pregnancy during the study

period regardless of pregnancy status (delivery, induced/planned or spontaneous abortion); this cohort was further stratified on COVID-19 status. The second cohort included all non-pregnant women (aged 15-45) with a positive COVID-19 test. COVID-19 infection in pregnant or non-pregnant women was assessed using COVID-19 test results or ICD-10CM code U07.1 from hospital data. COVID-19 severity was categorized based on hospital admission. Women were considered exposed to COVID-19 medications if they filled at least one prescription for a medicine included in the WHO list in the 30 days pre- or 30 days post-COVID-19 positive test/diagnosis. Considering potential confounders, association between COVID-19 during pregnancy, treated vs not, and perinatal outcomes were quantified using log-binomial regression models.

Results: 150,345 pregnant women (3,464 (2.3%) had COVID-19), and 112,073 non-pregnant women with COVID-19 diagnoses were included. Pregnant women with COVID-19 were more likely to have severe infections compared to non-pregnant women with COVID-19 (11.4% vs 1.6%, $p < 0.001$). The most frequent medications used in pregnancy to treat COVID-19 were antibacterials (13.96%), psychoanaleptics (7.35%), and medicines for obstructive airway disease (3.20%). In pregnancy COVID-19 was associated with spontaneous abortions (adjRR 1.76, 95%CI 1.3, 2.25), gestational diabetes (adjRR 1.52, 95%CI 1.18, 1.97), prematurity (adjRR 1.30, 95%CI 1.01, 1.67), NICU admissions (adjRR 1.32, 95%CI 1.10, 1.59); COVID-19 severity was increasing these risks but COVID-19 treatment with study medications reduced all risks.

Conclusions: Severity of COVID-19 was greater in pregnancy. Antibacterials, psychoanaleptics, and medicines for obstructive airway disease were the most used overall. Severe COVID-19 in pregnancy was associated with higher risks of adverse maternal, and neonatal outcomes.

Disclosure of Interest: None Declared

Eating Disorders

EPP0021

Impact Of Emotion Dysregulation On Eating Behavior Among The Tunisian General Population

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Introduction: Previous theoretical models and reviews have documented a strong connection between emotion dysregulation and eating disorders (ED) psychopathology among the general and clinical populations.

Objectives: We aimed to assess the link between emotional dysregulation and ED in the Tunisian general population.

Methods: We conducted a cross-sectional, descriptive and analytical study among Facebook group members, using an online questionnaire, over the period from February 17, 2023 to May 26, 2023. Emotional dysregulation was assessed via the “Difficulties in Emotion Regulation Scale” (DERS), which is composed of six sub-scores: “Non-acceptance” (N), “Strategies” (S), “Impulse” (I), “Goal” (G),

“Clarity” (C) and “Awareness” (A). The Eating Attitude Test (EAT-26) was used to assess the risk of developing ED.

Results: A total of 528 responses were included. The mean EAT-26 score was 12.36 ± 10.34 ; and 12.3% of our population were at high risk of developing an ED. The mean N, S, I, B, Cl, C and overall DERS scores were 7.78; 8.24; 7.08; 9.57; 6.46; 7.61 and 46.74, respectively.

We showed that the EAT-26 score was correlated with the overall DERS score ($r=0.260$; $p<0.001$) as well as with the N ($r=0.208$; $p=0.002$), S ($r=0.228$; $p<0.001$), I ($r=0.212$; $p=0.025$), B ($r=0.198$; $p<0.001$), C ($r=0.122$; $p=0.005$) and Cl ($r=0.136$; $p=0.002$) scores.

Conclusions: Our study showed that participants with a high risk of developing an ED seem to have more difficulties with emotional regulation. Thus, our findings call for interventions that target emotion regulation in the treatment of ED.

Disclosure of Interest: None Declared

EPP0022

The Zen Garden Virtual Reality App for eating disorders: description and preliminary results

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Introduction: Virtual Reality (VR) represents an emerging and promising tool to enhance standard care for patients with eating disorders (EDs). Indeed, VR provides an immersive and interactive experience in a safe and controlled environment that can simulate real-life situations, showing encouraging findings on various components of psychological treatments such as exposure therapy, psychoeducation, and emotional regulation.

Objectives: This study aims to evaluate the Zen Garden VR App in patients with anorexia nervosa (AN) in order to obtain pilot data regarding changes in mood, relaxation, anger, anxiety, and weight and shape concerns. A secondary aim was to receive feedback from participants about the VR experience, its components, and its possible application for people with AN.

Methods: Self-reported baseline and post-intervention data were collected from a sample of six female inpatients with AN recruited at the Eating Disorders Service at the Bethlem Royal Hospital of the South London and Maudsley NHS Foundation trust (SLaM). The technology used during the VR session consisted of an Oculus head-mounted display headset and two controllers which provided continuous rotational and positional tracking (Figures 1, 2 and 3).

Results: Findings showed a global improvement after the VR Zen Garden App session, mainly in reducing levels of anxiety (Cohen’s $d=1.07$) and promoting relaxation (Cohen’s $d=0.95$), with possible applications especially before and after meals when food fears are at