

±6.9 days. On returning to work, 74 staff (15.5%) noticed that their colleagues were withdrawing from work. According to the HADS-D scale, depressive symptoms were observed in 19.1% of cases. The predictive factors were gender ($p < 0.03$), age ($p = 0.016$), the symptomatic form of COVID-19 ($p = 0.038$), the duration of confinement ($p < 0.03$) and the withdrawn attitude experienced by colleagues on returning to work ($p < 0.03$).

Conclusions: Our results showed that psychological suffering, particularly depression, among care staff depended on several predictive factors. Psychological support during and even after the period of confinement is therefore necessary

Disclosure of Interest: None Declared

EPV0517

Prognostic Significance of CRP, BMI, and Ferritin Levels in Predicting COVID-19 Outcomes in Psychiatric Patients: A Comparative Analysis

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Introduction: This study investigates the predictive value of ferritin, CRP, and BMI levels in predicting COVID-19 outcomes among psychiatric patients.

Objectives: Understanding these markers is crucial given the increased vulnerability of psychiatric patients to severe COVID-19 outcomes.

Methods: We conducted a retrospective analysis of 100 psychiatric patients diagnosed with COVID-19. We collected clinical outcomes (survival or death) data, demographic characteristics, and comorbidities. Blood samples were analyzed for ferritin and CRP levels, and BMI was calculated based on recorded weight and height. Statistical tests, including t-tests and chi-square tests, were used to assess the relationships between these variables and COVID-19 outcomes. Survival analysis was performed using the Log-Rank test to evaluate the impact of these markers on patient survival.

Results: Our results showed that higher ferritin levels were significantly associated with poorer outcomes, with survivors having a mean ferritin level of 246.2 (SD = 150.3) compared to 416.9 (SD = 215.9) in non-survivors ($p < 0.001$). Similarly, mean CRP levels were lower in survivors (1.58, SD = 1.96) compared to non-survivors (3.46, SD = 2.92) with a p-value of 0.002. BMI did not show a statistically significant difference between survivors and non-survivors ($p = 0.429$). Survival analysis revealed that elevated CRP and ferritin levels correlated with decreased survival rates.

Conclusions: The study highlights the significant role of ferritin and CRP as prognostic markers in psychiatric patients with COVID-19, suggesting that elevated levels of these biomarkers are associated with worse outcomes. However, BMI did not significantly affect survival, indicating that inflammatory markers might be more relevant for assessing prognosis in this population. These findings emphasize the need for vigilant monitoring of these biomarkers in psychiatric patients to manage their COVID-19 treatment better and improve outcomes.

Disclosure of Interest: None Declared

EPV0519

Sleep problems and sociodemographic characteristics of the COVID-19 survivors

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Introduction: The COVID-19 pandemic has affected all facets of living, notably our sleep-wake cycle. In fact, sleep disturbances have been reported, not only during the acute phase, but also after the episode. Previous studies have shown that some socio-demographic characteristics are associated with sleep problems.

Objectives: To assess the relationship between sleep disturbances and the sociodemographic profile of the COVID-19 survivors.

Methods: We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital discharge, using the Arabic validated version of Pittsburgh sleep quality index "PSQI" scale to assess sleep problems.

Results: The median age of our participants was 59 years old. Among them, 62 (51.2 %) were females. One hundred and eleven patients were married (91.7%), 102 patients (84.2%) had at least a primary educational level, while 19 (15.7%) patients were illiterate. Among the participants 86 (71.07%) had a job at the time of the infection, among them, 9 (7.4%) were Health care providers. Ninety-five (78.5%) participants were non-smokers. As for alcohol use, 11 patients (9.1%) consumed alcohol. According to PSQI, the incidence of sleep disturbances after COVID was 48.8%. Sleep duration, sleep quality as well as sleep onset latency, sleep disturbances and sleep efficiency were the most affected domains in the PSQI. Females showed significantly higher PSQI after the COVID-19 infection ($p < 0.001$). Non-married participants reported significantly higher scores of hypnotic drug use and daytime dysfunction ($p = 0.006$, $p = 0.02$ respectively). Quality of sleep was significantly poorer in illiterate patients ($p = 0.036$). Health care providers had worse daytime dysfunction in comparison to other occupations ($p = 0.035$). Non-smokers showed a deteriorated sleep efficiency as well as daytime dysfunction ($p = 0.03$, $p = 0.021$ respectively). No statistical association was found between sleep problems and age nor alcohol consumption.

Conclusions: Our study highlighted several associations between sleep problems and sociodemographic characteristics of COVID-19 survivors. This helps clinicians to pinpoint the at-risk people, in order to intervene when needed.

Disclosure of Interest: None Declared

EPV0520

Empathy under prolonged stress situation (COVID-19 pandemic)

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