isolation derived from the public health situation, in this geographic area.
Objectives: Analyze adaptability to the use of technologies and its relationship with resilience, anxiety and depression in university students and professors in the midst of isolation by Covid-19.
Methods: The sample consisted of 328 subjects, aged between 18 and 69 years (30.6±12.21), 39% men and 61% women; 67.4% young students and 32.6% professors. The study was quantitative, exploratory, by convenience, online. The instruments were registered on the Web and were provided through WhatsApp, Facebook and personal mail by means of a Snowball type sample selection. It was developed during the period of mandatory physical isolation, decreed in the first quarter of 2020 by the Colombian State due to the COVID-19 Pandemic. The analysis was performed using descriptive, correlational and inferential statistics. The Kolmogorov-Smirnov (KS) normality test was applied, confirming a non-normal distribution of the sample. A correlational analysis was performed using Kendall's Tau-b correlation coefficient and for the subsequent analysis of variance (segmented by age), Kruskal-Wallis Chi-square (X2) was used, verifying the variances by post hoc. In the case of the analysis of variance segmented by occupation (professors and students) and by sex, the Mann-Whitney U X2 test was used.
Results: Of the total sample, 86.3% showed maladaptability to the use of ICTs, with no significant difference between professors and students (p=0.48). Resilience is higher in professors than in students (p<0.01); anxiety and depressive symptoms are higher in students (p<0.01). Adaptability was inversely associated with Resilience and directly with Anxiety and Depressive Symptoms (p<0.01); the highest risk group are students under 22 years old. A future publication will expand on the details of the results.
Conclusions: It is concluded that maladaptability to the use of ICTs may be associated with contextual elements not studied in the present study, however, the mental impact remains high mainly in the younger student population, especially in times of general social crisis. Credit is given to the project BPIN 2020000100758: Development of an Integrated Technological System for the promotion of mental health, psychosocial and socioemotional problems and prevention of gender violence, caused by the COVID19 pandemic in the Magdalena region, which allowed the deepening for the analysis of the results. Likewise, to Universidad del Magdalena for its support in installed capacity.

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EPP0696

Cognitive disorders with epilepsy: clinical-psychopathological and neuropsychological characteristics, non-pharmacological correction

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Introduction: Cognitive dysfunction affects the development, treatment compliance, significantly worsens the quality of life and social functioning of the patients with epilepsy.
Objectives: 146 patients with epilepsy aged 18 to 65 participated in the study (M-40.7±2.42) were diagnosed with focal, idiopathic epilepsy and epileptic syndromes (G40.1, G40.2, G40).
Methods: Clinical-anamnestic, social-demographic, clinical-psychopathological, psycho-diagnostic and statistical.
Results: The study of the attention selectivity was carried out using the Munsterberg test. Only 9 examined patients (6.16%) of the total group had sufficient indices, 35 (23.97%) patients refused from the test, while the rest – 102 (69.87%) had low test results. The overall treatment group score was 7.72, which is by 13.28 lower than in the control group, where the attention selectivity index was 21 (p<0,001), which shows a considerable attention selectivity decrease in patients with epilepsy compared to the healthy persons. According to the MoCA test results, the first treatment group patients showed better cognitive functions (1.4, p<0.001), higher attention selectivity under the Munsterberg test (0.63, p<0.001), lower anxiety level under HARS (1.45, p<0.001), lower depression level under HDRS (1.7, p<0.001) and higher subjective assessment of the life quality (2.77, p<0.05). According to the MoCA test results, the second treatment group patients showed better cognitive functions (0.73, p<0.001), higher attention selectivity under the Munsterberg test (0.27, p<0,05), lower anxiety level under HARS (4.27, p<0.05), lower depression level under HDRS (2.32, p<0.05) and higher subjective assessment of the life quality (1.21, p<0.05). According to the MoCA test results, the comparison group patients demonstrated lower cognitive functions (0.22, p<0.05), higher attention selectivity under the Munsterberg test (0.15, p<0.05), lower anxiety level under HARS (2.61, p<0.001), lower depression level under HDRS (2.49, p<0.001) and higher subjective assessment of the life quality (1.0, p<0.05). The cognitive training showed its effectiveness in healthy persons of the control group: according to the MoCA test results, cognitive functions improved (0.79, p<0.001), compared to the treatment group 2 patients (0.73, p<0.001).
Conclusions: According to the follow-up study data 12 months after the cognitive training and psychoeducation, follow-up study showed better values under depression and anxiety scales, and improved life quality levels in the patients of treatment groups. Patients with epilepsy show a reliable cognitive functioning improvement after a 3-month computerized cognitive training. The study results indicate a more significant cognitive functioning improvement in the patients provided the combined use of the methods of psychoeducation and cognitive training, compared to the use of a cognitive training only.

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EPP0697

Burnout Syndrome and its associated factors among anesthesia technicians in a Teaching Hospital in the central region of Tunisia

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