norms, etc. Since the pandemic did not abate, as a part of specialist education training groups were also held online.
Objectives: The pandemic changed the basic settings of our Group-Analytic Training Group, forcing us to switch to online sessions. This study aimed to find personal experiences that varied throughout online and face-to-face meetings.
Methods: Seven out of the twelve participants accepted to take part in the group therapy/training after it was recommended by the group leader that they write a paper. After 30 sessions, the group turned from face-to-face to online group therapy, and the members were asked how they felt about the difference between the two types of therapy. A questionnaire was produced by the group's leader and a number of other participants, who then forwarded it through email to every group member.
Results: Everyone who participated thought that because one can more quickly pick up on non-verbal signs in a face-to-face scenario, it was simpler to notice feedback from the other group members. Most participant comments focused on the leader's role. The majority of members claimed that taking part in the experiential group had benefited both their personal and professional lives. However they thought the in-person setting was better since it was more interesting and complex.
Conclusions: Since there were no other options during the epidemic, group therapy has moved to virtual environments, although there are still a lot of problems to this method. The formation of group cohesion becomes difficult by the absence of group members' physical presence and by the inability to completely understand nonverbal communication.

Disclosure of Interest: None Declared

EPV0304

Relationship between changing cognitive domains and atypical antipsychotic treatment in bipolar disorders: a three-year observational study in a psychiatric rehabilitation center during COVID-19 pandemic

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Introduction: Bipolar Disorders have been consistently associated with cognitive dysfunction across a broad range of cognitive domains (patients, who usually took psychiatric drugs, sometimes presented changes of cognitive disorders). Many studies have focused on improving the illness severity of patients with MDD or BD by combining mood-stabilizing drugs with atypical antipsychotics (AA). However, the results are contradictory and have not confirmed the certain superiority of AA to other therapeutic strategies. Among these, the cognitive remedy has demonstrated important effectiveness on cognitive variations in this group of patients.
Objectives: In our study, we tried to evaluate some changes in cognitive function in patients with BD treated with antipsychotics related to critical problems with typical cognitive tests.
Methods: In our observational study, we recruited forty-three inpatients (20 females, 23 males) affected by Bipolar Disorder (DSM-5 criteria; particularly 78.5% affected by BD-I), in a psychiatric rehabilitation center. All patients were included in the ordinary rehabilitation treatment. All patients were treated with mood stabilizers (lithium n. 14; valproate n. 29), and at least one AA. The AAs have been the following: quetiapine, aripiprazole, and olanzapine (authorized in Italy)(Table 1). The observation period lasted three years, during three significant waves of the COVID-19 pandemic.
All patients at baseline (T0) (March-April 2020), T1 (Maj-June 2021), T2 (April-Maj 2022), and T3 (April – June 2023) were administered the following rating scales: BPRS, YMRS, GAF, and HAM-D
The data were statistically analyzed with the EZAnalyze 3.0 software for the Excel platform.
Results: In Table 2 and Graphic the results obtained with the rating scales and statistical analysis are shown. In BRPS the data shows a statistically significant reduction in the total score in all periods analyzed. Similar results were found in the GAF and YRMS scales. However, with the HAM-D Scale, there was evidence of an increase in T2, although the differences were not statistically demonstrated. The differences in mean scores are more evident for quetiapine and olanzapine.

Image:

Table 1 - Epidemiological data and Drugs

	Number	Age (mean YRS ±SD)	
Total	43	41,88	13,10
Felames	20	41,95	13,13
Males	32	41,83	13,36
		mean daily dosage (mg)	
Aripiprazole	11	12.82	
Olanzapine	12	17.34	
Quetiapine	20	564.55	
Lithium	13	321.59	
Valproate	20	923.54	

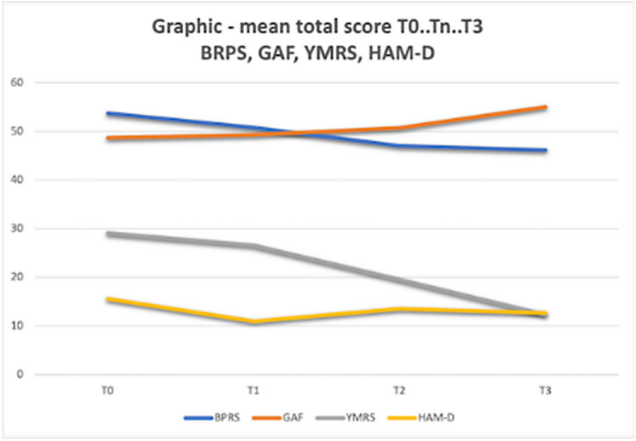
Image 2:

Table 2 – EZA-analyze rating scales

	BPRS T0	BPRS T1	BPRS T2	BPRS T3	P	Eta Squared
Mean:	53.744	50.791	47.000	46.163	0.000	0.368
Std. Dev:	10.050	9.244	7.792	9.131		
Comparison	Mean Difference	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared	
BPRS T0 vs T3	7.581	6.294	0.000	0.000	0.480	
	GAF TO	GAF T1	GAF T2	GAF T3	0.000	0.347
Mean:	48.698	49.302	50.721	55.023		
Std. Dev:	7.984	6.951	6.526	7.751		
Comparison	Mean Difference	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared	
GAF TO vs T3	6,326	5,440	,000	,000	,408	
	YMRS T0	YMRS T1	YMRS T2	YMRS T3		
Mean:	29.118	26.559	19.500	12.324	0.000	0.640
Std. Dev:	5,564	7,033	8,232	7,413		
Comparison	Mean Difference	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared	
T0 and T3	16.794	10.490	0.000	0.000	0.764	
	HAM-D T0	HAM-D T1	HAM-D T2	HAM-D T3		
Mean:	15.559	10.971	13.559	12.706	0.113	0.058
Std. Dev:	10.437	7.461	8.718	8.909		

The ANOVA results indicate that none of the repeated measures differed significantly

Image 3:



Conclusions: Our observational study showed that the atypical antipsychotics used in our work allowed a significant improvement of the symptoms in BD. However, the pandemic waves have no correlation with the treatment performed. New studies are necessary to highlight the relationship of the pharmacological treatment of BD with the progress of the COVID-19 pandemic.

Disclosure of Interest: None Declared

EPV0305

Persistent COVID an differential diagnosis with depression symptoms

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Introduction: We present the case of a 48-year-old woman, a nurse, referred from the Internal Medicine department for evaluation of depressive symptoms and accompanying somatic presentation following COVID-19. The aim is to highlight a recently emerging condition that we are increasingly encountering in our clinics, which can complicate the diagnosis of an underlying affective disorder
Objectives: Diagnosed with COVID-19, confirmed by a positive PCR test, 6 months ago following an infection in the workplace. The clinical picture consisted of mild symptoms, with a ten-day course and apparent resolution at the time of hospitalization. She returned to her work activities and gradually began to report fluctuating symptoms, including headaches, mild shortness of breath, fatigue, as well as a tingling sensation in the upper extremities, especially in the hands. Additionally, she described feelings of restlessness, depressive mood, and intense fatigue. In additional tests: (CT-Scan) there are signs of mild bilateral lower lung fibrosis.
Methods: Treatment with Duloxetine was initiated for a case of depressive symptoms with accompanying physical symptoms. The differential diagnosis considered Major Depressive Disorder, Single Episode, and Adjustment Disorder with Depressed Mood."
Results: We are facing a clear case of depressive clinic that may have endogenous features, if we adhere to criteria such as those in the DSM-5, as it would meet the criteria for Major Depressive Disorder, Single Episode. However, we have a clearly identified trigger, so we also need to perform a differential diagnosis, primarily with Adjustment Disorder with Depressed Mood: here, the symptoms appear within 3 months following the stressful agent (in this case, SARS-CoV-2 infection). Unlike Major Depressive Episode, once the agent has ceased, the symptoms do not persist beyond 6 months (which we do not know because the physical symptoms causing disability have not disappeared).In addition to purely psychiatric diagnoses that we are accustomed to, we must consider a new diagnostic entity that is becoming more prevalent as the pandemic progresses, namely "long-covid" or persistent COVID.These are generally middle-aged women who, several months after infection, continue to manifest a multifactorial complex of symptoms. These symptoms persist over time, not only the classical ones but also many others that can appear during the ongoing course of the disease.
Conclusions: Beyond the purely psychiatric diagnoses we are accustomed to, we must also consider a new diagnostic entity that is becoming more prevalent as the pandemic continues to advance: Persistent COVID or 'long-COVID.' Generally, this condition affects middle-aged women who, several months after contracting the virus, continue to exhibit a multifactorial complex of symptoms. The most common symptoms include fatigue/asthenia (95.91%); general discomfort (95.47%); headaches (86.53%); and low mood (86.21%)

Disclosure of Interest: None Declared

EPV0306

Insomnia and pain in COVID-19 survivors: a cohort Tunisian study

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Introduction: The SARS-COV-2 infection emerging in 2019 caused over 600 million infected people worldwide leading to an explosion of multiple physical and mental health problems. In this study we brought the light to the persistent troubles in sleep and pain among the survivors of the pandemic.
Objectives: We aimed to assess the prevalence of insomnia and the severity of pain among covid-19 survivors, and to seek an association between the two disorders.
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