

EPV0461**Psychiatric intervention on patients recovering from hospitalization due to Covid-19.**

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Introduction: According to recent reports Covid-19 patients may exhibit psychiatric co-morbidities that cause dysfunction, loss of autonomy and emotional suffering even after the physical illness is treated. Considering the high impact Covid-19 may have on mental health, we have created a psychiatric consultation dedicated to the study, observation and support of patients that developed mental illness after being hospitalized due to Covid-19.

Objectives: We aim at 1) describe the profile of patients that developed psychiatric comorbidities following a hospitalization due to Covid-19 and 2) recognize and treat early psychiatric symptoms in Covid-19 patients.

Methods: Based on what was described in other epidemic crisis, we established a semi-structured interview to evaluate several dimensions of the patients' life that may have been affected by Covid-19 and that may impact on mental health. The interview included the *Depression, Anxiety and Stress Scale* (DASS-21), the *Impact of Event Scale - Revised* (IES-R) and the *Insomnia Severity Index* (ISI). Each patient was observed multiple times over several months. Our evaluation was done in parallel with consultations in Internal Medicine.

Results: Most patients complained of symptoms directly related with the infection of SARS-CoV-2, namely fatigue, short breath and reduced tolerance to efforts. Importantly, many patients also reported *de novo* or aggravation of anxiety, stress, depression, sleep disturbances and grief often associated with feelings of existential emptiness and lack of purpose.

Conclusions: Hospitalization due to Covid-19 has a high impact on mental health, raising important questions on purpose and emptiness. An early psychiatric intervention is highly recommended.

Disclosure: No significant relationships.

Keywords: Covid-19; post-Covid psychiatric comorbidities; depression; anxiety; stress; mental health

EPV0458**Smelling different after COVID-19 ?**K. Nourchene^{1*}, E. Khelifa², B. Abassi², I. Bouguerra³, O. Maatouk², S. Ben Aissa⁴ and L. Mnif⁴

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Introduction: Over the course of COVID 19 illness, olfactory dysfunction was largely described as hyposmia and anosmia. What about phantosmia?

Objectives: In this study, we aimed to explore olfactory hallucinations among COVID 19 patients.

Methods: Our literature review was based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar using the following combination (phantosmia [MeSH terms]) OR

(olfactory hallucinations[MeSH terms]) AND (COVID-19 [MeSH terms]).

Results: Smell dysfunction is one of the most revealing sign of COVID 19 infection. However, other symptoms particularly phantosmia tend to emerge later in the course of the disease. Female predominance was noted among patients suffering from olfactory hallucinations regardless to their medical history. An unpleasant olfactory sensation was the most described sign. The occurrence of phantosmia was also described in one case of women suffering from schizophrenia whom tested positive for COVID 19 infection.

Conclusions: Olfactory hallucinations are more and more associated with COVID-19 disease regardless to psychiatric disorders. The pathological mechanism remains unclear and further studies are needed for a better comprehension and management.

Disclosure: No significant relationships.

Keywords: Covid-19; olfactory hallucination; phantosmia

EPV0460**Comparison of prevalence, clinical evolution, and vaccination rate against covid 19 in a population of patients diagnosed with dual depression and non-dual depression**

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Introduction: Since the beginning of the pandemic, 4,745,519 cases, 396,878 hospitalizations and 82,884 deaths with COVID-19 have been reported in Spain. As of August 24, 2021, 76.4% of Andalusians over 12 years of age have the complete vaccination regimen

Objectives: Main: to calculate the prevalence of COVID 19 infection, clinical evolution and vaccination rate in a population of patients diagnosed with dual depression. Secondary: compare these data with those obtained in patients diagnosed with non-dual depression

Methods: Retrospective descriptive study. The study population is made up of patients diagnosed with dual depression and non-dual depression (according to DSM 5 criterion). Infection, admission, death, and vaccination data were obtained from the patient's medical history

Results: Of the 10 patients diagnosed with dual depression, the prevalence of COVID 19 infection, since the beginning of the pandemic is 0% and of the 30 patients diagnosed with non-dual depression the prevalence is 3.33% (1/28). Of the patients with COVID 19 infection, none required hospital admission and no deaths occurred. The vaccination rate in the group of patients with dual depression is 30% (3/10) and in the group of non-dual depression is 86.66% (26/30), finding statistically significant differences (P<0.01) between both groups.

Conclusions: In our study the prevalence of COVID 19 infection in patients diagnosed with dual depression is 0% and the vaccination rate is 30%. While in patients with non-dual depression the prevalence is 3.33%, there were no admissions, no deaths and the vaccination rate is 86.66%.

Disclosure: No significant relationships.

Keywords: DUAL DEPRESSION; vaccination rate; Prevalence; covid 19