

Image 2:



**Conclusions:** The long-term prognosis for the patient remains uncertain, given the multifaceted nature of the condition and the extent of brain damage. Continuous monitoring, rehabilitation, and ongoing support will be essential to assess cognitive recovery and improve the patient's quality of life.

**Disclosure of Interest:** None Declared

### EPV0346

#### Mental well-being of Tunisian COVID-19 survivors: a cohort study

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doi: 10.1192/j.eurpsy.2024.1076

**Introduction:** COVID-19 affected humankind worldwide in different aspects of life. Survivors still report the effects of the pandemic on daily life, physical health, and mental health.

**Objectives:** To assess effects of the pandemic on the mood and the quality of life of the 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 several scales: the validated Arabic version of

"Patient Health Questionnaire" (PHQ-9) to screen for depressive symptoms, and "EuroQol five-dimension three-level" (EQ-5D-3L) to assess the quality of life.

**Results:** The median age of participants was 59 years, with extreme values ranging from 18 to 80. Among them, 51.2% were females. As compared with baseline status of patients, the depressive dimension assessed through PHQ was significantly impaired (7.05 vs 1.12;  $p < 0.001$ ). The different dimensions of the EQ-5D-3L showed significant deterioration in mean scores (mobility: 1.09 vs 1.31,  $p < 0.001$ ; selfcare: 1 vs 1.11,  $p = 0.001$ ; daily activities: 1.09 vs 1.49,  $p < 0.001$ ; pain and disturbance: 1.17 vs 1.49,  $p < 0.0005$  and anxiety and depression: 1.07 vs 1.57,  $p < 0.001$ ). Depressive symptoms were 10 times more frequent in post-COVID (57.9% vs 5.7%). The post-COVID PHQ-9 score was correlated with the post-COVID EQ-5D-3L score ( $p = 0.033$ ).

**Conclusions:** This study points out the long-term impact of the COVID infection. Therefore, the clinician should screen for possible psychological distress even after resolution of the disease, in order to guarantee a better quality of life.

**Disclosure of Interest:** None Declared

### EPV0347

#### Quality of sleep among trainee doctors at the Charles Nicolle Hospital after vaccination against COVID19

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doi: 10.1192/j.eurpsy.2024.1077

**Introduction:** Sleep quality depends on several factors such as smoking, physical activity, diet, and certain pathologies, namely obstructive sleep apnoea syndrome. Indeed, following their vaccination against COVID19, several medical trainees complained about a deterioration of their sleep quality.

**Objectives:** To evaluate the quality of sleep of medical trainees who work at Charles Nicolle Hospital and who were vaccinated against SARS-COV2.

**Methods:** We conducted a descriptive cross-sectional study among medical trainees at Charles Nicolle Hospital who were vaccinated against COVID-19 during the period from March 2020 to August 2022. Sleep quality was evaluated by the Pittsburgh Sleep Quality Index (PSQI) questionnaire. Trainees were contacted during the period August 2022 to September 2022.

**Results:** Sixty-nine medical trainees, vaccinated against Covid19 joined our study. Forty-nine of them had a significant sleep disturbance: Pittsburgh Sleep Quality Index (PSQI) greater than five. The average age was  $29.39 \pm 3.04$  years with a female majority (73.5%). No psychiatric history was found. The most affected category of trainees were residents (71.4%). Forty-three of them were inoculated with the messenger RNA vaccine and 4 with inactivated vaccine. Twenty-one patients vaccinated with the messenger RNA vaccine received two doses, seventeen received three doses and only one received a single dose. Sleep latency was high in 20,4% of cases. A sleep duration of less than five hours per night was found in 18,4% of the cases. Six participants reported using a sleep aid three to four times a week.