Introduction: The COVID-19 pandemic has significantly affected everyday life in most countries of the world. Researches conducted in 2020 showed that COVID-19 was a traumatic experience for 18-60% of respondents in the general population, depending on the country where the research is conducted. Researches for later periods are rare, although we can expect significant changes. We found only one study from 2023 on this topic, although not on the general population.
Objectives: That is why we were interested in what the situation is like after 3 years of the pandemic, when we have been living without non-pharmacological anti-pandemic measures for almost a year.
Methods: The research was conducted at the beginning of 2023. 48 respondents who were not treated psychiatrically or are medical workers were surveyed, because it was shown that these groups were exposed to a greater risk of impaired mental health during the COVID-19 pandemic. To assess the level of traumatic experience, i. e. the risk of developing PTSD as a consequence of the COVID-19 pandemic, we used the Impact of Event Scale With Modifications for COVID-19 (IES-COVID19). A score on that scale of 27 to 34 indicates a clinically significant level of trauma, i.e. there is a 75% chance of developing PTSD. A result of 35 and above suggests that it is necessary to seek professional help.
Results: Our research included 19 (39.6%) men and 29 (60.4%) women. The average age of the respondents is 60.4 years. 29 (60.4%) respondents know that they have recovered from COVID-19. 2 (4.2%) subjects were treated in the hospital due to COVID-19. 8 (16.7%) respondents have a traumatic experience of the COVID-19 pandemic. 5 (10.4%) respondents are in the category of clinically significant level of trauma, while 3 (6.3%) respondents are in the category that should seek professional help. The group traumatized by COVID-19 does not have significantly more respondents who recovered from COVID-19 (p=0.510) nor does it differ in terms of gender representation (p=0.984).
Conclusions: At the beginning of the COVID-19 pandemic, there were discussions about whether it can even be classified as a traumatic experience and whether we can talk about PTSD as a consequence of the pandemic. With this time lag, it seems that in part of the population we are finding PTSD symptoms that are a consequence of the pandemic, but to a lesser extent than research at the beginning of the pandemic suggested. Certainly, additional research is needed on this topic. Also, it is necessary to examine risk factors for possible prevention, as well as therapeutic possibilities.

Disclosure of Interest: None Declared

EPV0302

Contagion beyond the virus: A case obsessive-compulsive disorder centered on Covid-19

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Introduction: The Covid-19 pandemic has generated an unprecedented impact on multiple levels (health, occupational, economic, and social) which affected the general population and has been an enormous stress factor for individuals with obsessive-compulsive disorder (OCD), particularly for those with contamination symptoms. Many patients, as well as healthy individuals, experienced new obsessive-compulsive-like symptoms centered on COVID-19 during the pandemic. However, data on this population are still scarce.
Objectives: To present a case exemplifying the association between the Covid-19 pandemic and the onset of OCD.
Methods: Case presentation and non-systematic review of existing literature on Pubmed using the keywords: Covid-19, OCD, pandemic, depression.
Results: We report a case of a 30-year-old female who presented to the emergency department due to depressive mood and suicidal ideation associated with exacerbation of OCD symptoms, namely intense fear of being infected with Covid-19. These symptoms led to avoidance of touching objects, surfaces or even herself in addition to frequent and long rituals of hand-washing and showers. She was asymptomatic prior to being infected with Covid-19, when she started developing obsessive ideas of contamination. She sought psychiatric support and was medicated with fluoxetine, olanzapine and clonazepam. Due to insufficient symptom control, she was admitted to the psychiatry ward, where treatment was initiated with aripiprazol and fluvoxamine. After dose titration, gradual remission of OCD symptomatology and depressive mood was observed.
Conclusions: The present case illustrates the correlation between Covid-19 and the onset of OCD symptomatology. Existing studies demonstrate that the pandemic worsened the landscape of symptoms of OCD, both in diagnosed patients as well as in previously healthy individuals. However literature is still limited thus, multinational and cross-cultural, longitudinal studies are warranted to gain further insights on this topic.

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EPV0303

Online T group experiences during COVID-19 pandemic

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Introduction: Online group therapy has become more popular in the past few years. But as a result of the COVID-19-caused pandemic, it developed suddenly. Due to the conventional face-to-face format no longer being possible and the need for psychotherapists to conduct psychotherapy online, the pandemic has had significant effects on group psychotherapy and the interactions between group therapy members. While therapists are becoming accustomed to the modern form of psychotherapy, its efficacy is being questioned due to technical issues, the problem of the therapeutic alliance, the environment, the ability to read nonverbal signals, breaking group

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						