

Introduction: The transition into parenthood is associated with an increased psychopathological vulnerability. Most studies have focused on mothers, although recently, the role of fathers has grown more importance. Paternal perinatal depression (PPD) is an episode of major depressive disorder occurring in new or expectant fathers during the perinatal period. PPD is not widely acknowledged and research are rare.

Objectives: The authors intend to review the literature about PPD, focusing on its prevalence, risk factors, clinical features, treatment and consequences.

Methods: Non-systematic review of the literature through PubMed.

Results: A meta-analysis of PPD estimated a prevalence of 10.4%. Risk factors of PPD are multiple and complex. There are socio-demographic factors, such as marital status, monthly income and social support. Psychological factors, for instance history of depression, maternal prenatal anxiety and maternal depression. Some literature also suggests hormonal changes on men like increase estrogen and lower testosterone levels. PPD can present with symptoms of mood alterations, like irritability and restricted emotions, anxiety, fatigue, insomnia, loss of appetite. Also common are behavioural disturbances such as interpersonal conflicts, impulsivity, violence, avoidance behaviour, and substance abuse. There are no studies to specific treatments to PPD, so the treatment is the same for women, such as antidepressants and psychotherapy. If untreated, PPD can have an adverse influence on the health and wellbeing of the mother and child.

Conclusions: PPD is still underscreened, underdiagnosed and undertreated. It is fundamental identifying risk factors and the development of specific interventions. Further research on PPD is needed.

Disclosure: No significant relationships.

Keywords: postpartum depression; Paternal perinatal depression

COVID-19 and Related Topics

EPV0355

The impact of COVID-19 on the quality of life of older adults: a cross-sectional study in Athens, Greece

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Introduction: The COVID-19 has affected both physical and mental health of the elderly.

Objectives: The purpose of the present study was to estimate the impact of the second lockdown in Greece, on both quality of life and mental health in older people.

Methods: A cross sectional study was conducted among older adults who visited a primary care physician, from 1st of March to

April 30th. An anonymous questionnaire was administered to collect basic sociodemographic data and implementation of hygiene precaution measures. The 5-item World Health Organization Well-Being Index (WHO-5) to measure well-being, the Generalized Anxiety Disorder Assessment (GAD-7) instrument was used to assess the anxiety levels and Geriatric Depression Scale (GDS-15) depressive symptoms of the responders, respectively. Statistical analysis was performed with SPSS v.24.0

Results: 222 elderly took part in the study. 62.6% were female. According to the WHO-5, 37.4% present poor quality of life. GDS-15 reveals that 70.7% of the participants screened positive for moderate depression and 1.8% with severe symptoms. GAD-7 results estimated 32.9% of the participants to suffer from serious anxiety disorder and 37.4% from moderate. GAD-7 and GDS-15 were strongly associated ($p < 0.05$) with female gender, low educational level and with comorbidities (coronary disease, diabetes mellitus and skeletomuscular diseases). Health precaution measures were negative correlated with mental health of the elderly. However, in participants with frequent contact with family and friends, lower anxiety levels were detected.

Conclusions: Our results highlight that older adult has experienced negative impact on both quality of life and mental health during 2nd Covid-19 lockdown in Greece.

Disclosure: No significant relationships.

Keywords: GDS-15; Elderly; WHO-5; Covid-19

EPV0357

Schizophrenia spectrum disorders following past exposure to ionizing radiation and SARS CoV-2 infection

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Introduction: Whether exist a potential association between schizophrenia spectrum disorders following past exposure to ionizing radiation and SARS CoV-2 infection is unknown.

Objectives: To assess a possible role of double radiation-viral exposure in pre- and postnatal periods in schizophrenia spectrum disorders genesis.

Methods: Integration and analysis of information available with the results of own clinical and epidemiological studies.

Results: The renaissance of interest to the viral hypothesis of schizophrenia is observing during the current COVID-19 pandemic. There is an increasing number of cases and case series reports on psychotic schizophreniform disorders following SARS CoV-2 infection diagnosed as COVID-19-associated brief psychotic disorder, first episode psychosis, acute and transient psychotic disorder. The prevalence rate of schizophrenia in A-bomb survivors in Nagasaki was very high – 6 % (Nakane and Ohta, 1986), and increased in those prenatally exposed to A-bombing (Imamura

et al., 1995) and medical X-irradiation (Gross et al., 2018). We found a significant increase in the schizophrenia incidence in the Chernobyl exclusion zone personnel, as well as schizophreniform syndromes in Chernobyl clean-up workers (liquidators) irradiated by moderate to high doses (more than 0.30 Sv). The neural diathesis-stressor hypothesis of schizophrenia spectrum disorders was proposed (Loganovsky and Loganovskaja, 2000; Loganovsky et al., 2005). Recently we observed the clinical case of organic schizophrenia-like disorder in the liquidator who was ill with COVID-19.

Conclusions: The linkage between schizophrenia spectrum disorders following past exposure to ionizing radiation and SARS CoV-2 infection can exist that should be studied on the irradiated cohorts with following COVID-19.

Disclosure: No significant relationships.

Keywords: Schizophrenia spectrum disorders; Ionizing radiation; COVID-19 pandemic; SARS CoV-2 infection

EPV0358

Acute Confusional Syndrome and Covid-19 disease. Clinical and Sociodemographic differences with other comorbid diseases.

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Introduction: Coronavirus Disease 19 (COVID-19) was declared a pandemic by the World Health Organization (WHO) in March 2020. Since the outbreak, neuropsychiatric presentations such as delirium have been developing.

Objectives: Our aim is to describe sociodemographic and clinical differences between inpatients cursing with Acute Confusional Syndrome (ACS) with and without COVID-19 pneumonia.

Methods: This is an observational-descriptive study. All patients attended by the liaison psychiatry service of Hospital del Mar, between February and April 2020, with ACS diagnosis were included. The sample was divided in 2 groups (with and without COVID-19 pneumonia). Sociodemographic and clinical variables including sex, age, previous somatic or psychiatric history, ACS risk factors, ACS subtype and pharmacological treatment were compared. Chi-square and U Mann Whitney tests were used.

Results: The total sample was 62 patients. 43.5% were women with a mean age of 71,7 (SD 11,3). Covid pneumonia group included 26 patients. There was a higher percentage of Hypoxemia in Covid pneumonia patients ($p<0,001$). There were significant differences between Covid pneumonia group and ACS in relation to: a previous diagnosis of Ischemic Heart Disease ($p=0,007$), Heart Failure ($p=0,029$) and Nephropathy ($p=0,022$). Dexmedetomidine ($p=0,001$) was highly used for ACS treatment in Covid pneumonia patients.

Conclusions: In this sample, patients with ACS and Covid pneumonia had a bigger rate of hypoxemia and previous history of Ischemic Heart Disease, Heart Failure and Nephropathy compared to the rest of ACS patients. Dexmedetomidine was more commonly

used for the treatment of ACS in Covid pneumonia group. More studies would be necessary to assess the significance.

Disclosure: No significant relationships.

Keywords: delirium; ACUTE CONFUSIONAL SYNDROME; Covid-19

EPV0359

Impact of the Covid-19 Pandemic on Youth Mental Health

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Introduction: The COVID-19 pandemic resulted in national lockdowns in several countries. Previous global epidemics led to an increase in the number of psychiatric patients presenting symptoms of anxiety or depression. Knowledge about the impact of early lockdown initiatives during the COVID-19 pandemic on the number of healthcare interactions is sparse.

Objectives: To investigate both the impact of the Danish lockdown event on psychiatric patients' contact with the healthcare system, stratified by type of contact (face-to-face (FTF) or virtual) and ICD-10 diagnosis, and how acute contacts were impacted in the five regions in Denmark.

Methods: Contacts in this study include all recorded FTF and virtual treatment interactions between patients and healthcare systems. An interrupted time series analysis was applied to determine the effect of the COVID-19 lockdown event on the number of contacts with psychiatric hospitals in Denmark, from February 25, 2019 to May 3, 2020. The analyses took a Box-Jenkins approach to fit an autoregressive integrated moving average (ARIMA) model.

Results: Virtual contacts replaced most FTF contacts during the lockdown. For most patient groups, the total number of contacts did not decrease significantly. However, for child and adolescent patients diagnosed with F 10–19, 70–79, and 80–89, the number of contacts decreased during lockdown. The number of acute contacts with the psychiatric system decreased significantly during lockdown.

Conclusions: The Danish healthcare system was forced to introduce innovative tele-psychiatry to mental health care during the lockdown. Disruption to service delivery was minimized because the resources were in place to sustain the transition from FTF to virtual contacts.

Disclosure: No significant relationships.

Keywords: Child and adolescent psychiatry; Covid-19; Virtual consultation

EPV0360

Features of the structure of psychopathological consequences in COVID-19

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