Our findings showed a significant increase in VAS score after COVID infection (3.82 vs 1.69; p<0.001). Sixty-eight (56.2%) participants reported spontaneously fatigability after the infection and 52 (43%) reported spontaneously a deterioration in memory capacity either with or without previous memory dysfunction. Fatigability was statistically associated to cognitive impairment (55.9% vs 26.4%; P= 0.02). In addition, fatigability and cognitive impairment were statistically associated with pain (P=0.001 and P= 0.022 respectively).

There was no significative association of fatigability nor cognitive impairment with the gender of the survivors.

Conclusions: The clinician should keep in mind to screen for possible somatic or psychological distress, in particular pain, fatigability and cognitive impairment even after resolution of the COVID infection, in order to guarantee a better quality of life.

Disclosure of Interest: None Declared

EPP0675

Impact of the COVID-19 pandemic on the mental health of hospital employees: single center experience

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Introduction: Hospital employees are at high risk of developing mental health issues during the coronavirus (COVID-19) pandemic. Indeed, several studies have shown increased rates of anxiety, depression, stress, and other mental health issues but existing studies show inconsistencies, and each country has some local specificities.

Objectives: This study aimed to investigate the influence of the COVID-19 pandemic on various aspects of the mental health of hospital employees (health workers and non-health workers) from Croatia.

Methods: This cross-sectional questionnaire study was conducted from February to April 2023 period. A validated, anonymous questionnaire that contained questions regarding demographic data, as well as the Pittsburgh Sleep Quality Index (PSQI), the Zung Self-Rating Anxiety Scale, and the Zung Self-Rating Depression Scale was self-administered to a convenient sample of hospital employees from one general hospital in northwestern Croatia.

Results: The study sample included 360 subjects with a median age of 42 years (interquartile range 35-50), 24.7% males, and 75.3% females. According to the PSQI, 21.1% of subjects presented sleep disturbances. According to the Zung Self-Rating Anxiety Scale, there were 39.4% of subjects with anxiety while according to the Zung Self-Rating Depression Scale, there were 6.4% of subjects with depression. Sleep disturbances were more frequent among subjects who considered their socioeconomic status as under average (p=0.040), and among health workers in comparison to non-health workers employed in hospital (p=0.040). Anxiety was more frequent among females (p=0.010), and subjects with lower levels of education (only elementary school) (p=0.040). Depression was more frequent among females (p=0.030).

Conclusions: The COVID-19 pandemic has a significant negative influence on the mental health of hospital employees where health workers in comparison to non-health workers, females, subjects with lower levels of education, and subjects who considered their socioeconomic status as under average are more prone to the development of investigated mental health issues. The development of appropriate supportive programs that enhance the mental health of all hospital employees during pandemics is needed to address mental health issues in this vulnerable population.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP0678

Understanding the Traumatic Impact of Serious Chronic Illness

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Introduction: The diagnosis of a severe chronic illness represents a deeply impactful traumatic event, frequently giving rise to initial adverse consequences that can manifest as post-traumatic stress. The duration and characteristics of these effects exhibit considerable variation among individuals.

Objectives: This study aims to explore the levels of post-traumatic stress, post-traumatic growth, and psychosocial adaptation among individuals coping with chronic diseases.

Methods: This cross-sectional study involved 92 participants with chronic illnesses, recruited through convenience and snowball sampling. Data collection utilized an online questionnaire that included both demographic questions to provide a comprehensive understanding of participants' experiences, as well as psychometric scales for measuring post-traumatic stress, post-traumatic growth, and psychosocial adaptation.
Instruments used :
1.PTSD Checklist for DSM-5 (PCL-5)
2.Posttraumatic Growth Inventory (PTGI) and Tedeschi and Calhoun Posttraumatic Growth Inventory (TCGI).
3.Psychosocial Adjustment to Illness Scale (PAIS).
Analysis included descriptive statistics and inductive analysis using SPSS (p < 0.05). Ethical considerations were observed, with informed consent and data confidentiality.

Results: The study revealed the presence of low to moderate levels of post-traumatic stress (M= 2.45), moderate levels of post-traumatic growth (M= 2.90), and moderate levels of psychosocial adaptation in various aspects of participants' lives, including work (M= 2.36), sexuality (M= 2.11), sociability (M= 2.28), relationships with partners and family members (M= 1.92), and perception of their health (M= 1.94). Furthermore, the overall psychosocial situation of the participants was found to range from low to moderate (M= 2.48). Notably, individuals with fewer chronic illnesses tended to experience lower levels of post-traumatic stress and exhibited less adaptation in their work. Additionally, higher levels of post-traumatic growth were observed in women and patients with higher educational backgrounds. The analysis revealed a positive and statistically

significant correlation (sig.<0.05) between post-traumatic stress, post-traumatic growth, and various dimensions of psychosocial adjustment among the participants.

Conclusions: A chronic illness diagnosis can be deeply traumatic, potentially causing post-traumatic stress. However, it's crucial to understand that this doesn't diminish the possibility of post-traumatic growth and effective psychosocial adaptation. To foster this positive path, individuals must receive holistic psychological and emotional support, along with essential social assistance as they navigate life with chronic diseases.

Disclosure of Interest: None Declared

EPP0682

Traumatic Childbirth and Post Traumatic Stress Disorder: prevalence in a Brazilian cohort

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Introduction: Although birth is experienced, in most cultures, as a positive event, for a significant percentage of women, it is considered a traumatic event, which can be associated with the development of psychopathologies, with negative impacts for the mother and the baby .

Objectives: As part of a larger, multicenter study called Intersect, we aim to assess the prevalence of women who considered childbirth traumatic, in a cohort of women in southeastern Brazil, and the association with the outcome of post-traumatic stress disorder (PTSD).

Methods: A total of 427 women who gave birth in two hospitals in southeastern Brazil in the period from May to October 2022 were included in the study, who answered self-assessment instruments, through on a telephone interview, in the period from 6 to 12 postpartum weeks. For the purposes of this study, the City Birth Trauma Scale stands out.

Results: The participants had a mean age of 28.4 (± 6.4) years, 39.2% were primiparous and 76.1% had a partner. The results showed that 51.3% of them considered the birth moderately or extremely traumatic (N=218). Of these, 50.9% met criterion A for PTSD according to the DSM-5 (N=111) and among these, 20.7% had a PTSD profile (N=23; City-Birth >28 points). These mothers represent 5.4% of the total sample.

Conclusions: there is a high prevalence of traumatic experiences during childbirth, with high rates of PTSD associated with this condition, which requires attention from the medical community in order to track and treat PTSD associated with birth and, from the public authorities, in the institution of preventive measures, through public policies aimed at this population.

Disclosure of Interest: None Declared

EPP0683

Diagnosing Trauma-related Dissociative Disorders in Hungary: The Development of the Hungarian Version of MID (MID-HU)

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Introduction: The recognition, diagnostics and treatment of dissociative disorders (DD) in Hungary is currently in its infancy. According to international researches the prevalence of dissociative disorders is similar to that of the major psychiatric disorders (bipolar disorder, schizophrenia, etc.). Due to the lack of valid diagnostic tools no data is available regarding the prevalence of dissociative disorders in Hungary so far.

Objectives: To fill this gap within our profession; to provide a complex diagnostic tool; developing the hungarian version of the Multidimensional Dissociation Questionnaire (MID-HU)

Methods: 341 people participated in our study classified into four groups: (1) healthy controls (n=88), (2) patients from private practice diagnosed with DD and all those participants who have DD according to their MID results (n=103), (3) hospitalized psychiatric (mixed sample, n=60) and (4) SUD patients (n=89). The questionnaire package contained the hungarian version of the Multidimensional Inventory of Dissociation (MID-HU), the Dissociative Experience Scale (DES), the Traumatic Antecendents Questionnaire (TAQ), the Self-Report Version of the Dissociative Disorders Interview Schedule (DDIS-SR) and additional questions. Now we present the first results regarding the adaptation process of the hungarian MID (MID-HU).

Results: The mean age of the participants was 36 years, 61,6% were female and 38,4% male.

The MID-HU has strong internal consistency: the alpha coefficients for the 14 facet scales were 0.88 or higher. The alpha coefficients for the 23 dissociation diagnostic scales ranged from 0,74-0,95; 9 were excellent (0,90 or above), 10 were good (0,80 or above), and 4 were fair (0,70 or above). The test-retest correlation of the Mean MID-HU scores is good (0,87). Factor analysis of the MID-HU extracted one main factor: dissociation. The mean MID-HU scores correlated with mean DES scores (0,87), indicating a good convergent validity. We found significant differences between the healthy control group and the dissociatve group in the mean DES (control: 9,5, dissociative: 27,6, Sig: <0,001), mean MID (control: 2,5, dissociative: 27, Sig: <0,001), the 23 dissociative diagnostics scales of the MID, 14 facet scales of the MID, and all diagnostics scales of the DDIS (using Mann-Whitney).

Conclusions: The MID-HU seems to be a valid instrument, that can differentiate between DD patients and healthy people.

Disclosure of Interest: None Declared