and emotion dysregulation may play a crucial role as possible salutogenic or pathogenic factors on the onset of psychiatric symptoms during the three waves of the COVID-19 pandemic.
Objectives: 1) To examine the relationship between emotion dysregulation assessed at the end of the first wave of COVID-19, mentalizing assessed during the second wave, and psychiatric symptoms levels assessed during the third wave. 2) To examine the moderation role of mentalizing within the relation between emotion dysregulation and psychiatric symptoms.
Methods: Participants were 83 non-clinical emerging adults (M_{age}=22.18, SD=4.36; 57.8% females). Measures applied were Difficulties in Emotion Regulation Scale (DERS) to examine emotion dysregulation, Reflective Functioning Questionnaire to examine mentalizing (RFQ_uncertainty; RFQ_certainty) and Symptom Checklist-90-Revised (SCL-90) to examine psychiatric symptoms (Global Severity Index, GSI).
Results: DERS_total score (r=.31, p=.03) and both RFQ_uncertainty (r=.41, p<.01) and RFQ_certainty (r=-.33, p=.02) are associated with GSI. Secondly, a significant moderation role by RFQ_u emerged within the relation between DERS_total score and GSI (ΔR^2=.067, β=.001, SE=.00, CI[.000, .002]).
Conclusions: These results suggest that mentalizing and emotion dysregulation may play a pivotal role in the onset of psychiatric symptoms during the COVID-19 pandemic. Clinical implications are discussed.

Disclosure: No significant relationships.
Keywords: Covid-19; Emotion dysregulation; mentalizing; emerging adults

EPP0795

Phonemic fluency in post-ICU patients after severe COVID-19 infection: The role of cognitive reserve.

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Introduction: Cognitive function may be impaired in COVID-19 patients, especially in executive functions such as phonemic fluency. Among risk factors, inflammation during hospitalization is related with worse cognitive performance in the long term. On the other side, it has been shown that cognitive reserve (CR) protects against cognitive impairment associated with brain damage, psychiatric disorders and neurodegenerative diseases.
Objectives: Our aim is to study the protective role of cognitive reserve in phonemic fluency to inflammation after SARS-CoV-2 infection.
Methods: We enrolled a cohort of 102 severe SARS-CoV-2 survivors after Intensive Care Unit (ICU) discharge and 58 agreed to participate in this 6-month follow-up study. Patients with previously known cognitive impairment were excluded. Demographic, clinical and laboratory data were collected. To assess the phonemic fluency, we used the Controlled Oral Word Association Test (COWAT) controlling the effects of age and education. Inflammation was recorded according to the number of days with high CRP. ANCOVA analyses were used to test the effect of interaction between medical variables and cognitive reserve on phonemic fluency.
Results: The COVID-19 inflammation interacted with CR in phonemic fluency (F= 6.47, p= 0.01), with worse performance in patients with low CR (mean 16.7 (10.2-23.3)) than those with high CR (mean 37.7 (34.3-41.2)) in function of number of days with high PCR during ICU stay.
Conclusions: The role of the cognitive reserve is important to reduce the cognitive impairment related with COVID-19 inflammation in post-ICU patients.

Disclosure: No significant relationships.
Keywords: cognitive impairment; Neurological manifestations; Covid-19; Cognitive reserve

EPP0796

Mental Health in Individuals with a History of Mental Disorder during COVID-19-Pandemic - Preliminary Results of the National Cohort Study in Germany

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Introduction: Research of COVID-19-Pandemic mental health impact focus on three groups: the general population, (2) so called vulnerable groups (e.g. individuals with mental disorders) and (3) individuals suffering COVID-19 including Long-COVID syndromes.
Objectives: We investigate whether individuals with a history of depression in the past, react to the COVID-19 pandemic with increased depressive symptoms.
Methods: Longitudinal Data stem from the NAKO-Baseline-Assessment (2014-2019, 18 study centers in Germany, representative sampled individuals from 20 to 74 years) and the subsequent NAKO-COVID-Assessment (5-11/2020). The sample for analysis comprises 115.519 individuals. History of psychiatric disorder was operationalized as lifetime self-report for physician-diagnosed depression. Depressive symptoms were measured with the PHQ 9.
Results: Mean age of the sample at baseline was 49.95 (SD 12.53). It comprised 51.70 women; 14 % of the individuals had a history of physician-diagnosed depression. Considering a PHQ-Score with cut-off 10 as a clinical relevant depression, 3.65 % of the individuals without history of depression and 24.19 % of those with a history of depression were depressed at baseline. The NAKO-COVID-Assessment revealed 6.53 % depressed individuals without any history of depression and a similar rate of 23.29 % in those with history of depression.
Conclusions: In contrast to that what we expected, individuals with a history of a physician-diagnosed depression, did not react with