disorders and an increase in the existing psychopathological symptoms in children. However, in young children with normative development and in some children with autism spectrum disorder, the phenomenon of social isolation did not reveal any pronounced changes in the mental state towards deterioration; on the contrary, in a number of cases there is a weakening of previously manifested deviations, apparently associated with increased communication with the loved ones and increased parental attention.
**Conclusions:** Clinical and psychological services should offer preventive support to the entire family.

**Disclosure:** No significant relationships.
**Keywords:** COVID-19; pandemic; Deprivation; hildren

## EPV0186

## Protocol to maintain ECT in COVID-19 pandemic

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**Introduction:** Electroconvulsive therapy is a highly effective treatment for severe psychopharmacological resistant patients but it is also a procedure that involves open airway management and has been considered as an aerosol generating procedure. The COVID-19 pandemic, has resulted in reduction in ECT services internationally. The COVID-19 pandemic has dramatically and rapidly transformed hospitals in heavily affected areas, decreasing mental health services. The need to locate critical patients in spaces intended for anesthesia, where we usually administered ECT, has forced us to decrease the number of procedures and be highly selective. In the same way, continuation and maintenance ECT (m-ECT) have also been dramatically reduced. The risk of contagion urged us to develop a protocol involving other areas of the hospital

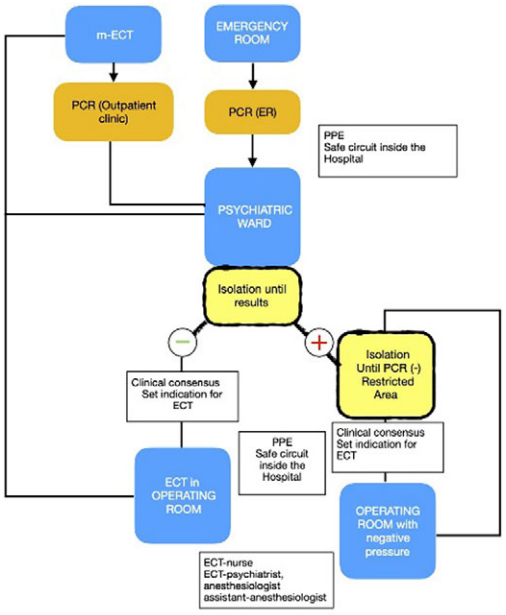



**FIGURE 1.- ECT CIRCUIT**

**Objectives:** To create a safe circuit from admission to the hospital to the ECT including emergency room and psychiatric Ward
**Methods:** Review of the tliterature and published protocols Workshops with Preventive Medicine, Anaesthesia and Emergency Service to elaborate a protocol Submission of the protocol to Management of the Hospital
**Results:** The protocol (Figure 1) began with the screening for COVID-19 in every patient. If the PCR was (+) the patient was not excluded. We moved treatment from the PACU into the OR and if a patient tested positive It was determined that the ECT was administered in the OR
That was provided with negative pressure. Circuits were established within the Psychiatric Ward and in the areas of the hospital involved to reduce risks and patients remained isolated until negative test was confirmed The number of persons present in the treatment room was kept to the absolute minimum required and appropriate personal protective equipment was used, as prescribed by the WHO
**Conclusions:** We must keep in mind treating the most vulnerable of our patients. ECT should be seen as an essential medical procedure and made available

**Disclosure:** No significant relationships.
**Keywords:** Affective disorders; ECT; COVID-19

## EPV0187

## Social medias in increasing anxiety around COVID-19 in Morocco

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**Introduction:** Discovered in December 2019, COVID has affected the entire planet, through direct exposure to its virus; SARS-COV-2, or indirectly through the media, Indeed, on January 20, 2020, the World Health Organization declared COVID-19 to be "a public health emergency of international concern." Along with other public health crises and other collective trauma (terrorism, H1N1 epidemic or SARS-COV), exposure to publicized information on this virus generates psychiatric disorders, in particular anxiety and absence of well-being. Objective: To link exposure to information about this pandemic through social media and anxiety and lack of well-being.
**Objectives:** Explore the relationship between anxiety, well-being and exposure to social medias
**Methods:** Use of a questionnaire consisting of three sections, individual status and conditions, the French versions of the GAD-7 scale for anxiety (Generalized anxiety scale of 7items) and the WHO-5 (five well-being index). This questionnaire is dedicated to the general population who have not been in direct contact with the virus, but through the media.
**Results:** We were able to collect 209 participants, they were essentially females with a mean age of 28yo, 17,7% had psychiatric history of anxiety and depression, the median use of social medias was 5.7 hours per day. And they were essentially getting their information about the pandemic from Instagram, Facebook, the Moroccan ministry of health's website and electronic newspapers. 31,1% of our participants had anxiety which was above a Chinese study, and had a poor well-being.