Results: 15% of patients showed mild depression level, 21 % of the patients had post-traumatic symptoms, while 28% of patients had psychological distress with somatization and obsessive-compulsive symptoms being most prevalent. Platelet counts during the acute phase were the only inflammatory parameter significantly associated with higher SCL-90-R scores for somatic and anxiety-related psychological distress. No significant associations were found between inflammatory markers—either during the acute phase or at follow-up—and psychiatric symptoms measured by the BDI-II and DTS. COVID-19 severity was correlated with increased obsessive–compulsive, somatic, and anxiety-related symptoms on the SCL-90-R.
Conclusions: Between 15% and 28% of patients presented psychiatric symptoms, with psychological distress being the most consistent finding. Furthermore, obsessive–compulsive, somatic, and anxiety-related symptoms were associated with COVID-19 severity. These findings highlight the need for ongoing psychological monitoring and comprehensive approaches to understanding and supporting post-COVID mental health.

Disclosure of Interest: None Declared

EPV468

Implementation of an infection prevention framework in a psychiatric hospital: Processes from two Mental Health centers

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Introduction: In recent years, infection prevention and epidemiology have gained prominence within healthcare safety and quality frameworks, particularly in mental health settings. Recognizing the need for healthcare systems to provide both therapeutic care and a safe physical, emotional, and bacteriological environment, Israel's Ministry of Health has established guidelines covering staff onboarding, required vaccinations, disinfection protocols in inpatient and specialized units, handling hazardous materials, preventing infections in contagious wards, and tailored measures for specific populations.
Objectives: To develop and implement a comprehensive infection prevention framework in a psychiatric hospital, aligning with Ministry of Health regulations and advanced professional standards at organizational, departmental, and therapeutic levels.
Methods: The implementation process included:
Appointing a certified "Epidemiology and Infection Prevention Coordinator".
Establishing an "Infection Prevention Committee" - developing and updating professional protocols and guidelines.
Training departmental quality assurance representatives- enforce guidelines, conduct audits, and provide patient and staff training.
Implementing seasonal and periodic vaccination campaigns based on identified needs.
Participating in Ministry of Health audits.
Issuing periodic reports as per regulatory requirements.
Conducting organization-wide training and knowledge refreshers.
Results: Implementing the framework required collaborative teamwork and prioritization, particularly during a prolonged war period that impacted staff availability, elevated stress levels, and strained resources across diverse units (e.g., pediatric, psychogeriatric, forensic, acute, and long-term care). Unique challenges arose in managing COVID-19 in closed acute units, necessitating integration of mental health treatment with specialized infection prevention measures to protect patients and multidisciplinary teams. The process was applied in two major mental health centers, addressing challenges in team coordination, inter-professional interfaces, consultations with Ministry of Health and regional health authorities, and departmental implementation.
Conclusions: This presentation will outline the implementation process, challenges encountered, and solutions developed in two large mental health centers. It will discuss inter-professional collaboration, consultation processes with health authorities, departmental implementation strategies, and future plans for sustained organizational infection prevention efforts. The framework offers a model for balancing mental health care with robust infection control, particularly in high-pressure and resource-constrained environments.

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EPV469

Comprehensive therapy program in people with mental disorders after COVID-19

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Introduction: The mechanisms of the formation of mental disorders after a coronavirus disease are determined by the pathoplastic factors of COVID-19 and the patient's personal reactions to the disease, and are also associated with the psychogenic impact of stressors of the SARS-COV-2 pandemic.
Objectives: To develop a comprehensive therapy program (pharmaco- and psychotherapy) based on identified targets of therapeutic influence in people with mental disorders who have experienced COVID-19 and have been exposed to the stressors of the SARS-CoV-2 pandemic.
Methods: 71 patients with a history of mental disorders who have experienced COVID-19 were examined and made up the main group (F 32.0-32.2, 33.1, 33.2 – 24 patients, F 06.3-06.6 – 23 patients, F 41.1, 41.2, 42.2, 45.3, 48.0 – 24 patients). Clinical-psychopathological, clinical-amnestic, psychometric (the Clinical Global Impression Scale (CGI)) and methods of statistical analysis were applied.
Results: Pharmacotherapy should be rationally directed not only at the specific correction of psychopathological manifestations, but also to include general strengthening, metabolic, neuroprotective, antiparoxysmal treatment. In depressive disorders, preference is given to antidepressants (AD) groups of selective serotonin reuptake inhibitors (SSRIs), selective serotonin and norepinephrine reuptake inhibitors (SSRIsN) and 2nd generation antipsychotics; in

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mental disorders of organic genesis - AD groups of SSRIs and melatonin receptor agonists; in neurotic, stress-related and somatoform disorders - anxiolytics and AD groups of SSRIs.
The developed psychotherapy consists of 4 stages: stage 1 – informational diagnostic (2-3 days, comprehensive assessment of the clinical and psychopathological state); stage 2 – therapeutic and stabilizing (3-4 individual sessions, use of CBT techniques, including NET); stage 3 – rehabilitation (8-10 sessions within individual and group psychotherapy, use of CBT techniques, art therapy and family psychotherapy); stage 4 – preventive (3-4 sessions within individual and group psychotherapy, use of CBT techniques and family psychotherapy). Each stage of psychotherapy has both the same approaches and a certain structure depending on the mental disorder.
Conclusions: The effectiveness of the overall impact of the developed comprehensive therapy program was confirmed. At the time of discharge from the hospital, the condition according to the CGI-S scale was completely normalized in (9.86 ± 3.54)% of patients, corresponded to a borderline disorder in (26.76 ± 5.25)% of patients, mild – in (50.70 ± 5.93)% of patients, and moderate – in (12.68 ± 3.95)% of patients.

Disclosure of Interest: None Declared

EPV470

Mental, Neurological, Gastrointestinal, Cardiovascular, and Immunological Impairment After COVID-19 Infection: Case Report and Possible Mechanisms

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Introduction: Survivors of coronavirus disease 2019 (COVID-19) frequently experience a wide spectrum of psychiatric, neurological, gastrointestinal, cardiovascular, and immunological symptoms. These include depression, anxiety, cognitive dysfunction, fatigue, sleep disturbances, gastrointestinal complaints, cardiac arrhythmias, and autoimmune phenomena. While increasing evidence supports the multisystemic impact of SARS-CoV-2, the underlying pathophysiological mechanisms remain only partially understood.
Objectives: In this report, we present the case of a female patient in her mid-40s who developed persistent and multisystemic symptoms—including mental, neurological, gastrointestinal, cardiovascular, and immunological disturbances—following recovery from acute COVID-19. We discuss potential mechanisms underlying these symptoms, drawing on current scientific literature.
Methods: We present a detailed case study of a female patient with a relapsing–remitting post-COVID syndrome. Clinical data were collected through comprehensive medical history, physical and neurological examinations, laboratory and imaging findings, and standardized psychometric assessments. Diagnostic evaluations focused on ruling out alternative etiologies and documenting the multisystem involvement characteristic of long COVID. Follow-up observations were used to track symptom progression and treatment response over time.
Results: Despite comprehensive diagnostic workup, including laboratory and imaging studies, no significant abnormalities were found. The patient reported partial improvement with a multimodal treatment approach that included psychopharmacotherapy (sertraline and low-dose mirtazapine), supportive psychodynamic psychotherapy, functional medicine interventions, mitochondrial support, antihistamine supplementation, and low-dose nicotine therapy.
Conclusions: This case illustrates a chronic, relapsing–remitting form of post-COVID syndrome, marked by substantial impairments in both quality of life and functional capacity. Emerging evidence suggests that SARS-CoV-2 can induce widespread, multiorgan dysfunction via a combination of direct viral injury, persistent inflammation, microvascular damage, immune dysregulation, and disruption of the gut–brain–immune axis. Increasing attention has been given to the roles of neuroinflammation, autonomic nervous system imbalance, alterations in the microbiome, and loss of immune homeostasis in driving the heterogeneous symptom profile of long COVID. Our case provides a compelling example of how these interconnected mechanisms may simultaneously manifest in an individual patient, reinforcing their proposed contribution to the persistence and complexity of long COVID.

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EPV473

Coping strategies of medical and non-medical personnel during the first wave of the pandemic of the novel coronavirus infection in Russia

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Introduction: The pandemic of the novel coronavirus infection had a significant impact on all population groups in Russia. However, medical workers experienced the most significant stress, especially during the first wave of the pandemic, as they had to interact directly with patients, and some even had to work in so-called red zones. In such conditions, it was essential to investigate the coping strategies employed by medical workers to combat stress and to determine whether they differed from those used by non-medical workers. Coping strategies refer to cognitive, emotional, and behavioural strategies used to overcome stress and psychologically challenging situations.
Objectives: The study aimed to identify the coping strategies used by medical workers and people not directly involved in medicine during the first wave of the COVID-19 pandemic in Russia.
Methods: Data were collected between May and July 2020 using a Google form developed by the authors. The case comprised 97 Russian citizens who were not healthcare workers and 45 healthcare workers. The COPE-60 inventory was used to identify coping strategies. The instrument was adapted for use in the Russian context.
Results: We found that healthcare workers, compared to non-medical professionals, more often used coping strategies such as