Objectives: The time frame in which the research was conducted was April 15, 2020 to April 15, 2021. Criteria for inclusion in the study were clinically and laboratory-proven dependence on psychoactive substances and participation in some of the types of treatment in our institution. Criteria for exclusion from the study due to population specificity were not defined
Methods: . The study was designed as a retrospective-prospective in which the following parameters were monitored: rate of retention in treatment, rate of relapse and overdose, deterioration of basic psychopathology, number of hospitalizations due to worsening addiction or comorbid psychopathology, suicide rate, incidence and prevalence of blood-borne hepatitis and HIV -a, incidence and prevalence of COVID in the addicted population and auto and hetero-destructive behavior of health care users.
Results: The results of the study indicated an increased rate of abuse of substitution therapy, an increased rate of relapse, most often with stimulants, abuse of sedatives, antidepressants and anticholinergics, an increased rate of overdose but no deaths and an increased rate of hospitalization due to worsening basic psychopathology.
Conclusions: The study indicated a deterioration in the quality of health care of addicts to psychoactive substances caused by pandemic working conditions and a marked deterioration in basic psychopathology caused by social distancing and the impossibility of more frequent and direct contact with patients. continuous monitoring

Disclosure: No significant relationships.

EPV0474

COVID-19 infection could be a risk factor for dementia?

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Introduction: Since the COVID-19 pandemic start in early 2020, there have been reports of a high prevalence of neuropsychiatric symptoms. Cognitive impairment is being increasingly recognized as an acute and possibly long-term sequel of the disease. According to recent data, limited evidence point to SARS-CoV-2 having a preferential neurotropism for the frontal lobes, as suggested by behavioral and dysexecutive symptoms, frontotemporal hypoperfusion on MRI, EEG slowing in frontal regions, and frontal hypometabolism on 18F-FDG-PET. Nevertheless, there isn't a specific biomarker.
Objectives: Brief literature review about the relationship between COVID-19, cognitive impairement onset and risk for dementia.
Methods: Non-systematic review through PubMed research using the terms "COVID-19", "SARS-CoV-2", "pandemics", "cognitive impairement", "dementia" and "risk factor".
Results: Direct neuronal infection via angiotensin-converting enzyme 2 receptor (ACE2R), hyperinflammation, brain ischemia related to respiratory failure or thromboembolic strokes, and severe psychological stress are the mechanisms more associated with a deleterious effect on cognition. The relation between SARS-CoV-2 infection and neurodegenerative diseases is still unclear. However, the high expression of the ACE2R in the brain, may explain the acute brain damage and could also be the basis for later neurodegenerative changes. The potentially long-term nature of the deficits makes it important to do an early identification, management, rehabilitation and follow-up of the patients exhibiting cognitive symptoms.
Conclusions: Given the reports of brain damage by SARS-CoV-2, there are concerns that this damage may substantially increase the incidence of neurodegenerative diseases and promote dementia. Further long-term studies may be required to identify the relationships between SARS-CoV-2 infection and risk for dementia.

Disclosure: No significant relationships.
Keywords: "COVID-19"; "SARS-CoV-2"; "pandemics"; "cognitive impairement"; "dementia"; "risk factor"

EPV0475

Changes of ambulance departures to assaults during COVID-19 pandemic restrictions

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Introduction: Restrictions related to COVID-19 may affect aggressive behaviour. Increased incidence of gender-based, domestic, and intimate-partner violence was expected during the pandemic, however, retrospective analyses yielded contradicting results.
Objectives: Examine changes in frequency of assaults caused by pandemic restrictions, including separate analysis for male and female assault victims, for residential and non-residential location of assaults and for assaults related to domestic violence.
Methods: Weekly number of ambulance departures to injuries secondary to assaults in the Pilsen region, Czechia, during the COVID lockdown was compared to records from the three previous years using ANOVA and post hoc t-tests. Further, multilinear regression was used to model weekly number of ambulance departures between 1st January 2017 and 30th April 2021 based on presence of pandemic national emergency state, time, and seasonality.
Results: During pandemic lockdown, ambulance departures to assaults dropped by 43% compared to equivalent periods of the three previous years. The decrease was notable specifically among departures to male victims and to assaults in non-residential areas, with only small decrease observed for female victims and assaults related to domestic violence and no change found in frequency of assaults happening at home.
Conclusions: Lockdowns and restrictions of public life were associated with a decreased incidence of violent assaults. While the incidence decreased especially in males and in those assaulted outside of their homes, we found no support for an increase in domestic or gender related violence. Pandemic restrictions may serve as a protective rather than a risk factor for assaults.

Disclosure: No significant relationships.
Keywords: aggression; assault; lockdown; Covid-19

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