±6.9 days. On returning to work, 74 staff (15.5%) noticed that their colleagues were withdrawing from work. According to the HADS-D scale, depressive symptoms were observed in 19.1% of cases. The predictive factors were gender (p<10-3), age (p=0.016), the symptomatic form of COVID-19 (p= 0 ,038), the duration of confinement (p<10-3) and the withdrawn attitude experienced by colleagues on returning to work (p<10-3).
Conclusions: Our results showed that psychological suffering, particularly depression, among care staff depended on several predictive factors. Psychological support during and even after the period of confinement is therefore necessary

Disclosure of Interest: None Declared

EPV0517

Prognostic Significance of CRP, BMI, and Ferritin Levels in Predicting COVID-19 Outcomes in Psychiatric Patients: A Comparative Analysis

K. Argyropoulos[1], A.-A. Argyropoulou-Grizanou[2], P. Gourzis[3]* and E. Jelastopulu[1]

[1]Public Health, School of Medicine, University of Patras, Patras; [2]Social Sciences, Hellenic Open University, Athens and [3]Psychiatry, School of Medicine, University of Patras, Patras, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1264

Introduction: This study investigates the predictive value of ferritin, CRP, and BMI levels in predicting COVID-19 outcomes among psychiatric patients.
Objectives: Understanding these markers is crucial given the increased vulnerability of psychiatric patients to severe COVID-19 outcomes.
Methods: We conducted a retrospective analysis of 100 psychiatric patients diagnosed with COVID-19. We collected clinical outcomes (survival or death) data, demographic characteristics, and comorbidities. Blood samples were analyzed for ferritin and CRP levels, and BMI was calculated based on recorded weight and height. Statistical tests, including t-tests and chi-square tests, were used to assess the relationships between these variables and COVID-19 outcomes. Survival analysis was performed using the Log-Rank test to evaluate the impact of these markers on patient survival.
Results: Our results showed that higher ferritin levels were significantly associated with poorer outcomes, with survivors having a mean ferritin level of 246.2 (SD = 150.3) compared to 416.9 (SD = 215.9) in non-survivors ($p < 0.001$). Similarly, mean CRP levels were lower in survivors (1.58, SD = 1.96) compared to non-survivors (3.46, SD = 2.92) with a p-value of 0.002. BMI did not show a statistically significant difference between survivors and non-survivors ($p = 0.429$). Survival analysis revealed that elevated CRP and ferritin levels correlated with decreased survival rates.
Conclusions: The study highlights the significant role of ferritin and CRP as prognostic markers in psychiatric patients with COVID-19, suggesting that elevated levels of these biomarkers are associated with worse outcomes. However, BMI did not significantly affect survival, indicating that inflammatory markers might be more relevant for assessing prognosis in this population. These findings emphasize the need for vigilant monitoring of these biomarkers in psychiatric patients to manage their COVID-19 treatment better and improve outcomes.

Disclosure of Interest: None Declared

EPV0519

Sleep problems and sociodemographic characteristics of the COVID-19 survivors

M. Turki[1], N. Bouattour[1]*, H. Ben Ayed[2], R. Jbir[1], W. Abid[1], S. Msaad[3], S. Kammoun[3], N. Halouani[1], S. Ellouze[1] and J. Aloulou[1]

[1]Psychiatry B; [2]Preventive medicine and hospital hygiene and [3]Pneumology, Hedi Chaker university hospital, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1265

Introduction: The COVID_19 pandemic has affected all facets of living, notably our sleep-wake cycle. In fact, sleep disturbances have been reported, not only during the acute phase, but also after the episode. Previous studies have shown that some socio-demographic characteristics are associated with sleep problems.
Objectives: To assess the relationship between sleep disturbances and the sociodemographic profile of the COVID-19 survivors.
Methods: We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital discharge, using the Arabic validated version of Pittsburgh sleep quality index "PSQI" scale to assess sleep problems.
Results: The median age of our participants was 59 years old. Among them, 62 (51.2 %) were females. One hundred and eleven patients were married (91.7%), 102 patients (84.2%) had at least a primary educational level, while 19 (15.7%) patients were illiterate. Among the participants 86 (71.07%) had a job at the time of the infection, among them, 9 (7.4%) were Heath care providers. Ninety-five (78.5%) participants were non-smokers. As for alcohol use, 11 patients (9.1%) consumed alcohol. According to PSQI, the incidence of sleep disturbances after COVID was 48.8%. Sleep duration, sleep quality as well as sleep onset latency, sleep disturbances and sleep efficiency were the most affected domains in the PSQI. Females showed significantly higher PSQI after the COVID-19 infection (p<0.001). Non-married participants reported significantly higher scores of hypnotic drug use and daytime dysfunction (p=0.006, p=0.02 respectively). Quality of sleep was significantly poorer in illiterate patients (p=0.036). Health care providers had worse daytime dysfunction in comparison to other occupations (p=0.035). Non-smokers showed a deteriorated sleep efficiency as well as daytime dysfunction (p=0.03, p=0.021 respectively). No statistical association was found between sleep problems and age nor alcohol consumption.
Conclusions: Our study highlighted several associations between sleep problems and sociodemographic characteristics of COVID-19 survivors. This helps clinicians to pinpoint the at-risk people, in order to intervene when needed.

Disclosure of Interest: None Declared

EPV0520

Empathy under prolonged stress situation (COVID-19 pandemic)

T. I. Medvedeva[1], O. M. Boyko[1]*, S. N. Enikolopov[1] and O. Y. Vorontsova[1]

[1]Clinical psychology, Mental Health Research Center, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1266

Introduction: Empathy is a fundamental component of the socio-emotional experience. Emotional empathy describes the emotional reaction of an observer to the emotional state of another person - "emotional contagion". People with high empathy can become objects of "emotional contagion" in a stressful situation.
Objectives: **The aim** of the study was to evaluate the mutual influence of stress and emotional aspects of empathy.
Methods: Online survey was used. The level of empathy was assessed by "empathy" of I7 (H.Eysenck), stress was assessed by SCL-90R; COPE and CTI (S.Epstein), questions whether they had ever sought psychiatric help, the presence of suicidal ideas and thoughts of death were used. N=157 (139 women) mean age 41,1. 47 had previously sought psychiatric help. Subgroups of "low" and "high empathy" were analyzed.
Results: People who had previously sought psychiatric help did not differ from "healthy" people in terms of empathy.

	Low empathy (N=86)	High empathy (N=71)	Sig.
GSI (SCL)	0,46±0,39	0,67±0,53	,004
PDSI (SCL)	1,38±0,45	1,53±0,53	,058
PSI (SCL)	26,34±16,29	35,49±18,06	,001
Global Constructive Thinking (CTI)	98,76±13,84	92,83±12,88	,009
Emotional Coping (CTI)	91,32±23,02	82,75±20,79	,022
Focus on and Venting of Emotions (COPE)	9,38±3,04	10,80±2,72	,003
Seeking Social Support for Emotional Reasons (COPE)	9,56±3,37	10,70±3,24	,032
Alcohol/Drug Use scale (COPE)	6,13±2,70	7,15±3,39	,036

Analysis of variance showed: "high empathy" subgroup had a higher level of experienced stress, including higher anxiety, depressive symptoms, and interpersonal sensitivity. Differences in coping strategies and thinking patterns highlight the personality traits of people with high empathy, which affect the stress resistance. The combination of focusing on one's own emotions and reducing emotional coping does not allow to regulate emotional state under stress. Separately, using correlation analysis, the relationship between the level of empathy and the characteristics of emotional regulation and possible suicidal ideas and thoughts about death was assessed in the subgroup of subjects who had previously sought psychiatric help and in the "healthy" subgroup. Both in the group of those who sought help from a psychiatrist and in the "healthy" subgroup, a connection was found between empathy and the level of emotional regulation. In those who had previously sought help from a psychiatrist, the level of empathy positively correlated with the presence of "thoughts about death".
Conclusions: Subjects with "high empathy" are distinguished by a higher level of experienced stress, which may be associated with a reduced ability to emotionally cope. Particular attention should be paid to people who have previously sought psychiatric help. Under stressful conditions with high "emotional contagion" they think about death more often and the risk of suicide may arise.

Disclosure of Interest: None Declared

EPV0524

Neuropsychiatric Sequelae of COVID-19: A Review of Acute and Long-Term Manifestations

M. Demetriou[1]*, V. Anagnostopoulou[1], M. Peyioti[2], V. Markatis[1] and P. Argitis[1]

[1]Psychiatry Department, General Hospital of Corfu, Corfu and [2]University General Hospital of Alexandroupolis, Alexandroupolis, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1267

Introduction: The SARS-CoV-2 virus, responsible for COVID-19, has been shown to affect the central nervous system (CNS), leading to a wide range of acute and long-term neuropsychiatric symptoms. These symptoms can profoundly impair cognitive and emotional functioning, highlighting the need for a deeper understanding of their underlying mechanisms and clinical manifestations. Addressing these sequelae is critical for developing effective management strategies and improving patient outcomes. Long COVID has been associated with conditions such as brain fog, depression, anxiety, and fatigue, which can further exacerbate pre-existing mental health conditions and impair quality of life.
Objectives: This review aims to examine the neuropsychiatric manifestations associated with COVID-19, focusing on both acute and long-term (long COVID) effects, and to explore potential pathophysiological mechanisms, including neuroinflammation and immune dysregulation.
Methods: A systematic review of literature was conducted by searching databases such as PubMed and Scopus, using terms like 'COVID-19', 'neuropsychiatric symptoms', 'long COVID', 'inflammation', and 'CNS involvement'. Only peer-reviewed articles published between 2020 and 2023 were included, with an emphasis on studies reporting acute neuropsychiatric symptoms and post-acute sequelae of COVID-19.
Keywords: COVID-19, neuropsychiatric symptoms, long COVID, neuroinflammation, interleukin-6, CNS involvement
Results: Acute neuropsychiatric manifestations of COVID-19 include encephalopathy, delirium, seizures, and mood disturbances. Approximately 22.5% of COVID-19 patients present with neuropsychiatric symptoms during the acute phase, including anxiety, depression, and cognitive impairment. In long COVID, persistent symptoms such as fatigue, depression, anxiety, sleep disorders, and cognitive dysfunction have been reported, with neuroinflammation and elevated interleukin-6 (IL-6) levels proposed as key mechanisms. Neuropsychiatric symptoms are observed in both hospitalized and non-hospitalized individuals, with risk factors including severe infection, female sex, and pre-existing mental health conditions.
Conclusions: COVID-19 is associated with a broad spectrum of neuropsychiatric symptoms that persist beyond the acute phase. The underlying pathophysiology likely involves immune dysregulation, cytokine-mediated neuroinflammation, and direct viral invasion of the CNS. Early recognition and targeted interventions are essential to mitigate long-term neuropsychiatric complications.

Disclosure of Interest: None Declared