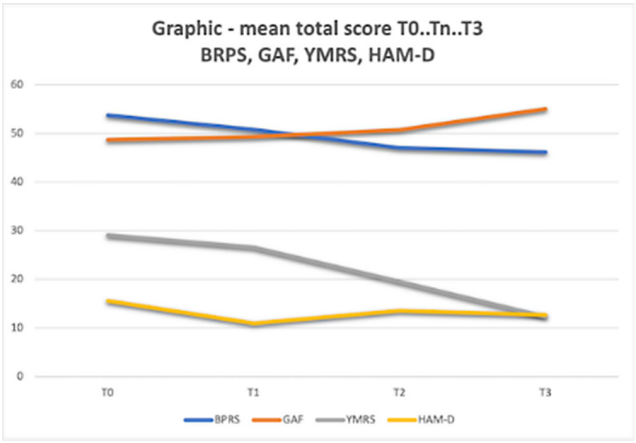
Image 3:



Conclusions: Our observational study showed that the atypical antipsychotics used in our work allowed a significant improvement of the symptoms in BD. However, the pandemic waves have no correlation with the treatment performed. New studies are necessary to highlight the relationship of the pharmacological treatment of BD with the progress of the COVID-19 pandemic.

Disclosure of Interest: None Declared

EPV0305

Persistent COVID an differential diagnosis with depression symptoms

B. Arribas Simon[1]*, M. J. Mateos-Sexmero[1], O. Martin-Santiago[1], P. Andres-Olivera[2], B. Rodriguez-Rodriguez[2], P. Martinez-Gimeno[1], N. Navarro-Barriga[3], T. Jimenez-Aparicio[1] and M. Andreo-Vidal[1]

[1]Psychiatry, Hospital Clinico Universitario, Valladolid; [2]Psychiatry, Complejo Asistencial Universitario, Salamanca and [3]Hospital Clinico Universitario, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1040

Introduction: We present the case of a 48-year-old woman, a nurse, referred from the Internal Medicine department for evaluation of depressive symptoms and accompanying somatic presentation following COVID-19. The aim is to highlight a recently emerging condition that we are increasingly encountering in our clinics, which can complicate the diagnosis of an underlying affective disorder
Objectives: Diagnosed with COVID-19, confirmed by a positive PCR test, 6 months ago following an infection in the workplace. The clinical picture consisted of mild symptoms, with a ten-day course and apparent resolution at the time of hospitalization. She returned to her work activities and gradually began to report fluctuating symptoms, including headaches, mild shortness of breath, fatigue, as well as a tingling sensation in the upper extremities, especially in the hands. Additionally, she described feelings of restlessness, depressive mood, and intense fatigue. In additional tests: (CT-Scan) there are signs of mild bilateral lower lung fibrosis.
Methods: Treatment with Duloxetine was initiated for a case of depressive symptoms with accompanying physical symptoms. The differential diagnosis considered Major Depressive Disorder, Single Episode, and Adjustment Disorder with Depressed Mood."
Results: We are facing a clear case of depressive clinic that may have endogenous features, if we adhere to criteria such as those in the DSM-5, as it would meet the criteria for Major Depressive Disorder, Single Episode. However, we have a clearly identified trigger, so we also need to perform a differential diagnosis, primarily with Adjustment Disorder with Depressed Mood: here, the symptoms appear within 3 months following the stressful agent (in this case, SARS-CoV-2 infection). Unlike Major Depressive Episode, once the agent has ceased, the symptoms do not persist beyond 6 months (which we do not know because the physical symptoms causing disability have not disappeared).In addition to purely psychiatric diagnoses that we are accustomed to, we must consider a new diagnostic entity that is becoming more prevalent as the pandemic progresses, namely "long-covid" or persistent COVID.These are generally middle-aged women who, several months after infection, continue to manifest a multifactorial complex of symptoms. These symptoms persist over time, not only the classical ones but also many others that can appear during the ongoing course of the disease.
Conclusions: Beyond the purely psychiatric diagnoses we are accustomed to, we must also consider a new diagnostic entity that is becoming more prevalent as the pandemic continues to advance: Persistent COVID or 'long-COVID.' Generally, this condition affects middle-aged women who, several months after contracting the virus, continue to exhibit a multifactorial complex of symptoms. The most common symptoms include fatigue/asthenia (95.91%); general discomfort (95.47%); headaches (86.53%); and low mood (86.21%)

Disclosure of Interest: None Declared

EPV0306

Insomnia and pain in COVID-19 survivors: a cohort Tunisian study

T. Mariem[1], B. Nadia[1]*, B. A. Houda[2], M. Islem[1], H. Najla[1], M. Sameh[3], K. Samy[3], E. Sahar[1] and A. Jihen[1]

[1]Psychiatry "B"; [2]Preventive medecine and hospital hygiene and [3]Pneumology, Hedi Chaker university hospital, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1041

Introduction: The SARS-COV-2 infection emerging in 2019 caused over 600 million infected people worldwide leading to an explosion of multiple physical and mental health problems. In this study we brought the light to the persistent troubles in sleep and pain among the survivors of the pandemic.
Objectives: We aimed to assess the prevalence of insomnia and the severity of pain among covid-19 survivors, and to seek an association between the two disorders.
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