

Introduction: Children, who are particularly vulnerable in emergency situations, need tailored mental health strategies.

Objectives: We investigated the impact of the COVID-19 pandemic on anger and life satisfaction in children.

Methods: September 2021, we conducted a cross-sectional study in Preveza, Greece, interviewing 91 students aged 10-12 years from four elementary schools. The survey included socio-demographic questions, the Anger Expression Scale for Children (AESC), and the Satisfaction with Life Scale (SWLS). AESC scores range from 6 to 30 indicating anger severity, while SWLS scores between 5-9 signify extreme dissatisfaction and 31-35 extreme satisfaction.

Results: Significant correlations were found between the number of siblings (p 0.004), duration of electronic play (p 0.005), and duration of sleep (p 0.014) with life satisfaction. Children without siblings, with limited play consumption, and early bedtimes had lower life satisfaction. The presence of a television in their room (p 0.027) and daily use of television and social media (p 0.007) correlated with anger management and behavior. Social media/TV use was associated with better anger management.

Conclusions: Despite the pandemic lasting almost two years, children's anger levels in Preveza remained stable, possibly due to outdoor activities and online interactions. These findings provide insights for policy makers, healthcare professionals, and parents seeking to improve anger management of children.

Disclosure of Interest: None Declared

EPV0345

Atypical case of anterograde amnesia after cerebral infarction and anti-NMDA encephalitis post Covid 19 infection: A complex clinical case

M. Gebele

Subacute psychiatry unit, Hospital Gintermuiza, Jelgava, Latvia
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Introduction: Only a few cases of primary anterograde amnesia with confabulation after severe complex brain damage have been described in the literature.

Objectives: To describe a case of anterograde amnesia with confabulation in a patient with severe and extensive brain damage.

Methods: case report

Results: Case presentation: A 48-year-old male patient with a medical history of diabetes mellitus type II, hypertension, presented to a psychiatric clinic for the first time. He was admitted to the hospital due to the manifestation of disruptive aggressive behaviour, aimless wandering, and excessive, impulsive expenditure of financial resources. At the time of hospitalization and during the hospital stay, the patient exhibited a state of elevated mood and anterograde amnesia compounded by the presence of prominent confabulation, easily irritable mood with a tendency to conflict. No physical limitations.

Background: The patient is an active long-distance driver for 15 years. A year before hospitalization in psychiatric clinic, he was travelling to Moscow, he had episode of headache and unconsciousness after which hospitalization. Diagnosed with multiple infarcts of embolic origin in the right frontal lobes, both cortical and subcortical, on the right side at the level of the uncus, in the medial anterior parts of the right occipital lobe, on the left side in the insula and at the level of the capsula externa, in the anterior basal part of the left temporal lobe. After hemodynamic stabilization, he was repatriated to Latvia. Stationary positive SARS-CoV-2 PCR, O2 support therapy required.

The patient develops auditory and visual hallucinations, which do not correct on antipsychotic therapy. Lumbar puncture was performed, which showed positive anti-NMDA antibodies, magnetic resonance - autoimmune limbic encephalitis with damage to the gyrus cinguli of the insula cortex of both temporal lobes and the right subfrontal part with spread throughout the right temporal lobe, bilaterally in the mediobasal structures of the temporal lobes and the right thalamus with progressive changes. The patient receives immunomodulatory therapy, plasma exchange and immune globulin. Hallucinations decrease on the background of therapy. At discharge - moderate ataxia in the legs, disorientation in time, severe short-term memory disorders.

The patient in his mind lives like nothing has happened and the same life continues.

Image:

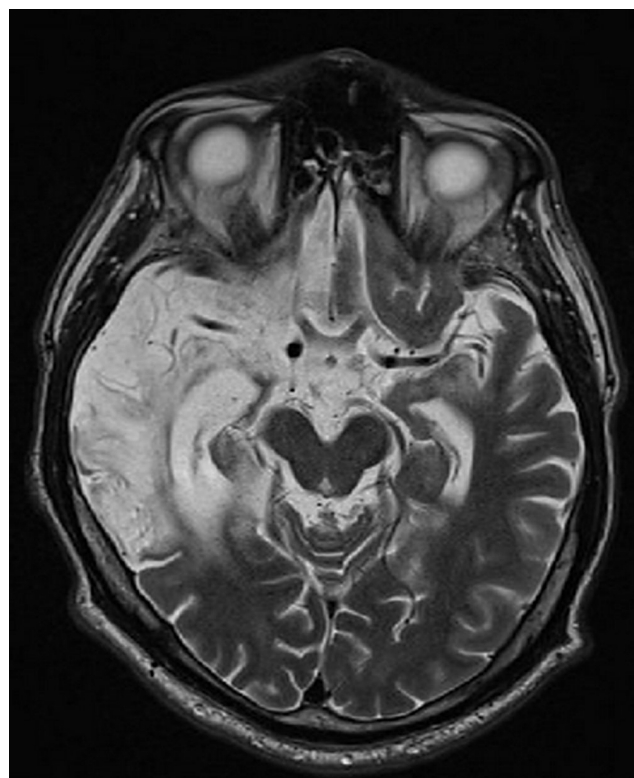


Image 2:



Conclusions: The long-term prognosis for the patient remains uncertain, given the multifaceted nature of the condition and the extent of brain damage. Continuous monitoring, rehabilitation, and ongoing support will be essential to assess cognitive recovery and improve the patient's quality of life.

Disclosure of Interest: None Declared

EPV0346

Mental well-being of Tunisian COVID-19 survivors: a cohort study

M. Turki¹, N. Bouattour^{1*}, H. Ben Ayed², S. Ellouze¹, R. Jbir¹, S. Msaad³, S. Kammoun³, N. Halouani¹ and J. Aloulou¹

¹Psychiatry "B" department; ²Preventive medicine and hospital hygiene and ³Pneumology department, Hedi Chaker university hospital, Sfax, Tunisia

*Corresponding author.

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Introduction: COVID-19 affected humankind worldwide in different aspects of life. Survivors still report the effects of the pandemic on daily life, physical health, and mental health.

Objectives: To assess effects of the pandemic on the mood and the quality of life of the 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 several scales: the validated Arabic version of

"Patient Health Questionnaire" (PHQ-9) to screen for depressive symptoms, and "EuroQol five-dimension three-level" (EQ-5D-3L) to assess the quality of life.

Results: The median age of participants was 59 years, with extreme values ranging from 18 to 80. Among them, 51.2% were females. As compared with baseline status of patients, the depressive dimension assessed through PHQ was significantly impaired (7.05 vs 1.12; $p < 0.001$). The different dimensions of the EQ-5D-3L showed significant deterioration in mean scores (mobility: 1.09 vs 1.31, $p < 0.001$; selfcare: 1 vs 1.11, $p = 0.001$; daily activities: 1.09 vs 1.49, $p < 0.001$; pain and disturbance: 1.17 vs 1.49, $p < 0.0005$ and anxiety and depression: 1.07 vs 1.57, $p < 0.001$). Depressive symptoms were 10 times more frequent in post-COVID (57.9% vs 5.7%). The post-COVID PHQ-9 score was correlated with the post-COVID EQ-5D-3L score ($p = 0.033$).

Conclusions: This study points out the long-term impact of the COVID infection. Therefore, the clinician should screen for possible psychological distress even after resolution of the disease, in order to guarantee a better quality of life.

Disclosure of Interest: None Declared

EPV0347

Quality of sleep among trainee doctors at the Charles Nicolle Hospital after vaccination against COVID19

Z. Athimni, G. Bahri, M. Mersni, I. Youssef, D. Brahim, H. Ben Said, N. Mechergui, N. Ladhari and K. Imene*

Department of Occupational Pathology and Fitness for Work - Charles Nicolle Hospital, Tunis, Tunisia

*Corresponding author.

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Introduction: Sleep quality depends on several factors such as smoking, physical activity, diet, and certain pathologies, namely obstructive sleep apnoea syndrome. Indeed, following their vaccination against COVID19, several medical trainees complained about a deterioration of their sleep quality.

Objectives: To evaluate the quality of sleep of medical trainees who work at Charles Nicolle Hospital and who were vaccinated against SARS-COV2.

Methods: We conducted a descriptive cross-sectional study among medical trainees at Charles Nicolle Hospital who were vaccinated against COVID-19 during the period from March 2020 to August 2022. Sleep quality was evaluated by the Pittsburgh Sleep Quality Index (PSQI) questionnaire. Trainees were contacted during the period August 2022 to September 2022.

Results: Sixty-nine medical trainees, vaccinated against Covid19 joined our study. Forty-nine of them had a significant sleep disturbance: Pittsburgh Sleep Quality Index (PSQI) greater than five. The average age was 29.39 ± 3.04 years with a female majority (73.5%). No psychiatric history was found. The most affected category of trainees were residents (71.4%). Forty-three of them were inoculated with the messenger RNA vaccine and 4 with inactivated vaccine. Twenty-one patients vaccinated with the messenger RNA vaccine received two doses, seventeen received three doses and only one received a single dose. Sleep latency was high in 20,4% of cases. A sleep duration of less than five hours per night was found in 18,4% of the cases. Six participants reported using a sleep aid three to four times a week.