[1]Psychology, Lomonosov Moscow State University, Moscow, Russian Federation; [2]Faculty Of Psychology, Lomonosov Moscow State University, Moscow, Russian Federation and [3]Faculty Of Psychology And Social Sciences, Pirogov Russian National Research Medical University, Moscow, Russian Federation
*Corresponding author.

Introduction: The COVID-19 pandemic situation creates specific conditions for increased anxiety and increased attention to respiratory sensations. This can become a favorable ground for the occurrence of dysfunctional breathing. Dysfunctional breathing is a pattern of breathing that does not meet physiological needs and can lead to respiratory, cardiovascular, digestive disorders and neurological dysfunctions (Chaitow et al.,2014)
Objectives: The aim of the study is to identify "personality predictors" for the occurrence of dysfunctional breathing in the Russian population during the COVID-19 pandemic.
Methods: The author's socio-demographic questionnaire, the Naimigen Questionnaire (VanDixhoorn, Duivenvoordent, 1984), HEXACO-PI-R (Ashton, Lee, 2017; Egorova, Psrshikova, Mitina, 2019), and The State-Trait Anxiety Inventory (Spielberger, 1983; Leonova, 2013) were used. The study was conducted online from April 27 to May 27. 582 people from all regions of Russia attended it, including 496 women and 86 men aged 18 to 64 years.
Results: Dysfunctional breathing has a direct correlation with personal anxiety (r=0.543, p=0.000) and emotionality (r=0.370, p=0.000), as well as a negative correlation with the personality traits of Honesty/ Humility(r=-0.153, p=0.000), Extraversion (r=-0.247, p=0.000), Agreeableness (r=-0.226, p=0.000), and Conscientiousness (r=-0.128, p=0.002).
Conclusions: Thus, in the COVID-19 pandemic context, dysfunctional breathing was detected in people with increased trait anxiety and pronounced emotionality, as well as in people with hostility and low conscientiousness/organization, as well as in introverts and those who are inclined to demonstrate social status. The occurrence of dysfunctional breathing during a pandemic can be interpreted as a sign of coronavirus disease by those people, which can motivate them to seek medical help, and thus increase the burden on the healthcare system.

Keywords: personality traits; HEXACO; dysfunctional breathing; COVID-19 pandemic

EPP0456

Portuguese version of the COVID-19 perceived risk scale – psychometric study

A.T. Pereira[1]*, C. Cabaços[2], P. Paredes[1], T. Soares[2], A. Araujo[2], R. Sousa[3] and A. Macedo[4]

[1]Institute Of Psychological Medicine, Faculty of Medicine, University of Coimbra, Coimbra, Portugal; [2]Institute Of Psychological Medicine, Faculty Of Medicine, University of Coimbra, coimbra, Portugal; [3]Usf Coimbra Centro, USF Coimbra Centro, Coimbra, Portugal and [4]Institute Of Psychological Medicine, Faculty Of Medicine, University of Coimbra, Coimbra, Portugal
*Corresponding author.

Introduction: Risk perception of COVID-19 is potentially a significant determinant of the pandemic evolution and the public's response to it. Acceptable levels of risk perception can be considered good for people to effectively fight the pandemic and adopt preventive health behaviors while high levels of risk perception may be damaging. Recently, Yıldırım&Güler (2020) developed the Covid-19 Perceived Risk Scale (C19PRS) to measure this construct.
Objectives: To analyze the psychometric properties of the C19PRS Portuguese version, namely construct validity, internal consistency and convergent validity.
Methods: A community sample of 234 adults (75.6% women; mean age= 29.53±12.51; range:16-71) completed an on-line survey with the Portuguese versions of the CPRS and the Fear of Covid-19 Scale (FCV-19S; Cabaços et al. 2020). The total sample was randomly divided in two sub-samples: sample A (n=117) was used to perform an exploratory factor analysis/EFA; sample B (n=117) to make a confirmatory factor analysis/CFA.
Results: EFA resulted in three components. CFA revealed that the second-order model with three factors presented good fit indexes (X2/df=1.471; CFI=.959; GFI=.948; TLI=.932; p[RMSEA≤.01] =.065). CPRS Cronbach alphas was α=.687; for F1 Worry, F2 Susceptibility to Covid-19 and F3 Susceptibility to Overall Morbimortality were α=.747, α=.813 and α=.543, respectively. The total and dimensional scores significantly correlated with FCV-19S (r>.30, p<.01).
Conclusions: This study provides evidence for the validity and reliability of the Portuguese version of CPRS, which will be used in an ongoing research project on the relationship between Covid-19 perceived risk, perfectionism, cognitive processes and adherence to public health measures to contain the pandemic.

Keywords: CFA; COVID-19; Perceived Risk Scale; EFA

EPP0457

Distress and burnout among psychiatrists during the COVID-19 pandemic

N. Bassetti*, S. Parente, P. Topa, N. Brondino, S. Damiani, P. Politi and M. Olivola

Department Of Brain And Behavioral Sciences, University of Pavia, Pavia, Italy
*Corresponding author.

Introduction: COVID-19 is an infectious disease caused by SARS-CoV-2. The WHO on March 11, 2020, has declared the novel coronavirus outbreak a global pandemic. Several studies found an association between the COVID-19 pandemic and psychiatric symptoms, such as distress, anxiety, fear of infection, depression and insomnia in the general population. Therefore, psychiatrists have been professionally overloaded, trying to manage the psychosocial impact of the pandemic and suffering its effects in person.
Objectives: To evaluate the disease perceptions, distress and burnout among psychiatrists from the Department of Mental Health and Addictions of Pavia in three different times, which correspond to the three main phases of the pandemic management in Italy: T0 is the first peak of the infections and the lock-down, from March to June; T1 is the reduction of the infections and the reopening, from June to October; T2 is the second wave of infections with a new progressive closure, the current one.
Methods: We used three questionnaires: the BIPQ (Brief Illness Perception Questionnaire), the PSS-10 (Perceived Stress Scale-10), the PED (Profile of emotional distress). We also used a survey