

19 regularly, decreased level of family support, lower level of compliance with treatment, and having a family member with COVID-19 infection or death were the risk factors for relapse.

Disclosure: No significant relationships.

Keywords: compliance; Covid-19; Relapse; schizophrénia

EPP0582

COVID-19 vaccine hesitancy among breast cancer patients in East Avenue Medical Center

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doi: 10.1192/j.eurpsy.2022.791

Introduction: Vaccine hesitancy has been an ongoing complex public issue in the Philippines posing threats to progress against preventable outbreaks and significant morbidity and mortality from COVID-19. Patients with cancer were not included in the initial vaccine trials against COVID-19 hence the plausible explanation behind vaccine hesitancy in this population. This study attempts to determine the factors affecting a patient diagnosed with breast cancer to receive COVID-19 vaccine based on constructs from the Health Beliefs Model (HBM).

Objectives: To determine the factors affecting a Filipino diagnosed with breast cancer to receive COVID-19 vaccine, namely; perceived susceptibility and severity to COVID-19 and perceived benefits and barriers to getting a vaccination against COVID-19.

Methods: A single-center, descriptive, cross-sectional study in patients diagnosed with breast cancer was conducted to assess COVID-19 vaccine hesitancy.

Results: A total of 85 eligible breast cancer patients were included in the analyses. Age, socio-economic factors, and presence of co-morbidities and metastasis were not significantly associated with COVID-19 vaccine hesitancy. Concerns on efficacy, safety, faulty or fake vaccine, as well as if the vaccine was taken by many in the public were significantly associated with hesitancy ($p < 0.05$) when taken as individual factors. The perception of COVID-19 vaccine safety under the perceived barriers construct was found to be the only significant factor to predict vaccine hesitancy (OR= 4.737, CI 1.75, 12.82).

Conclusions: Interventions that focus on perceived barriers are most crucial in order to increase vaccination rate among breast cancer patients.

Disclosure: No significant relationships.

Keywords: Covid-19; breast cancer; vaccine hesitancy

EPP0583

Adherence to the Recommendations from the Portuguese General Directorate of Health (GDH) during the COVID-19 pandemic: fear or prosocial behaviour?

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doi: 10.1192/j.eurpsy.2022.792

Introduction: During a public health crisis, preventive measures are essential. However, to make them effective, all citizens must be engaged.

Objectives: To analyse the differential role of individual and contextual variables in the adherence to public health recommendations.

Methods: 1376 adults (70.5% female; mean age=35.55±14.27) completed a survey between September/2020 and May/2021 with: Adherence Scale to the Recommendations during COVID-19 (ASR-COVID19; evaluates three dimensions of adherence), Fear of Covid-19 Scale (FC19S) and Toronto and Coimbra Prosocial Behaviour Questionnaire (ProBeQ; assesses empathy and altruism).

Results: Adherence did not differ between individuals with or without personal or family history of COVID-19 infection. ASR-COVID19 and all dimensions were positively correlated to ProBeQ's altruism and empathy (from $r = .32$ to $r = .54$); FCV19S correlated positively to total adherence score and house sanitation (from $r = .18$ to $r = .26$; all $p < .01$). Linear regressions revealed that altruism and empathy (first model), as well as fear of Covid-19 (second model), were significant predictors of adherence; however, while the first model explained $\cong 28\%$ of its variance, the second (FCV19S as independent variable) only explained $\cong 3\%$. Regression models performed in a subsample of participants with personal or family history of COVID-19 revealed that only empathy, but not altruism, was a significant predictor of adherence; in this subsample, fear was no longer a significant predictor of adherence, except for lockdown and use of teleservices.

Conclusions: Based on our results, we suggest health care providers and public health campaigns should take into consideration social solidarity and altruism, as well as previous experiences, when appealing to public's engagement in health behaviour.

Disclosure: No significant relationships.

Keywords: altruism; Covid-19; fear; Empathy

EPP0584

Depressive symptoms and health-related quality of life in critical COVID-19 survivors: Preliminary results of 1-year follow-up

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doi: 10.1192/j.eurpsy.2022.793

Introduction: A higher risk of mental health consequences in critical COVID-19 patients is expected due to several reasons,

including prolonged mechanical ventilation with exposure to high sedation. In this context, post-discharge depression has been reported in previous COVID-19 studies, with a profound impact on patients' health-related quality of life (HRQoL).

Objectives: To identify depressive symptoms in COVID-19 survivors 1-year after hospital discharge and to analyse its association with HRQoL.

Methods: As part of the longitudinal MAPA project, this study enrolled critical COVID-19 patients admitted in the Intensive Care Medicine Department of a University Hospital (March-May 2020). Participants were assessed through telephone by an intensive care nurse and a psychologist, with the Patient Health Questionnaire (PHQ-9) (depressive symptoms), EuroQol five-dimension five-level questionnaire (EQ-5D-5L) and EQ-Visual Analogue Scale (EQ-VAS) (global health status patient record).

Results: A sample of 55 survivors (median age=66 years; 69% males) were included, with 20% showing depressive symptoms. Pain/discomfort (67%) and anxiety/depression (67%) were the most EQ-5D-5L domains reported. Survivors scoring for depression had more problems in all HRQoL areas (mobility:91%vs.48%, $p=0.015$; self-care:64%vs.27%, $p=0.035$; usual activities:91%vs.50%, $p=0.017$; pain/discomfort:100%vs.59%, $p=0.010$; anxiety/depression:100% vs.59%, $p=0.010$). Moreover, they had a lower EQ-VAS median, corresponding a worse self-perception of health status (50vs.80, $p=0.010$).

Conclusions: Even after 1-year, a significant proportion of survivors presented depressive symptoms with repercussions in all HRQoL dimensions and association with worse self-perception of global quality of life. Taking this in mind, early screening and treatment of depression in COVID-19 survivors will be crucial, minimizing its impact on quality of life.

Disclosure: No significant relationships.

Keywords: Depression; Covid-19; health-related quality of life

EPP0585

Delirium and health-related quality of life in severe COVID-19 survivors

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doi: 10.1192/j.eurpsy.2022.794

Introduction: Severe COVID-19 survivors experience long-term neuropsychiatric morbidity, particularly those who developed delirium, with a negative impact on health-related quality of life (HRQoL).

Objectives: To identify the cases of delirium in severe COVID-19 patients and to describe its association with post-hospital discharge HRQoL.

Methods: In the context of the longitudinal MAPA project, we included adult patients (≥ 18 years old) admitted with COVID-19 to the Intensive Care Medicine Department (ICMD) of a Portuguese University Hospital (October 2020-April 2021). Exclusion criteria were: ICMD length of stay ≤ 24 h, terminal illness, major auditory loss, or inability to communicate at the time of assessment. Delirium during ICMD stay was ascertained based on patients' clinical records. HRQoL was evaluated using the 5-Level EQ-5D questionnaire (EQ-5D-5L), at a scheduled telephone follow-up appointment on average 1-2 months after hospital discharge.

Results: Overall, 124 patients were included with a median age of 62 (range: 24-86) years, being mostly male (65%). About 19% had delirium, 42% were deeply sedated and 43% required invasive mechanical ventilation. Most survivors reported problems on the EQ-5D-5L domains: usual activities (85%), mobility (73%) and anxiety/depression (65%). Patients with delirium reported more pain/discomfort (75%vs46%; $p=0.011$) and considerably anxiety/depression (83%vs60%; $p=0.032$).

Conclusions: These findings pointed that COVID-19 patients who experienced delirium reported worse HRQoL, regarding pain/discomfort and anxiety/depression. This study highlights the importance of not only prevention but also early screening of delirium during hospital stay, as well as the crucial role of the timely interventions at discharge, in order to minimize delirium long-term impacts.

Disclosure: No significant relationships.

Keywords: Covid-19; Quality-of-life; Critical illness; delirium

EPP0586

Secondary Traumatic Stress and Vicarious Posttraumatic Growth among nurses during three COVID-19 lockdowns in Greece

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doi: 10.1192/j.eurpsy.2022.795

Introduction: Since the onset of the pandemic, nurses have been repeatedly exposed to their patients' COVID-19-related traumatic experiences. Therefore, they are at high risk for Secondary Traumatic Stress (STS), the stress syndrome resulting from helping others who are suffering. Positive psychological outcomes following this vicarious exposure are also likely. Vicarious posttraumatic growth (VPTG) refers to the positive changes from working with patients who themselves have coped with traumatic experiences.

Objectives: This study aims to examine STS and VPTG among 429 nurses during three lockdowns of the COVID-19 pandemic in Greece.

Methods: A repeated cross-sectional survey with a convenience and snowball sampling procedure was conducted. The Secondary Traumatic Stress Scale (STSS), the Post-Traumatic Growth Inventory