

**Results:** A quarter of patients showed pronounced signs of depression and anxiety (25.4% and 24.13%, respectively), with women having higher rates of depression ( $M = 8.76$  and  $M = 6.32$ ,  $p < 0.01$ ). Anova showed no significant differences in the response to the disease situation in patients of different age groups. Factor analysis made it possible to identify 3 patterns of emotional coping with the disease: «positive decision oriented», «fixed on negative experiences», «accusers» (The resulting factor solution explains 69% of the dispersion). None of the identified patterns were associated with a significant reduction in signs of depression and anxiety.

**Conclusions:** Despite the duration of the pandemic, there is still no specific pattern of effective coping with these experiences for patients.

**Disclosure:** No significant relationships.

**Keywords:** coping with the disease; Depression; COVID-19; regulation of emotion

## O078

### Psychiatric clinical profiles and pharmacological interactions in COVID-19 inpatients referred to a consultation liaison psychiatry unit

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**Introduction:** The Coronavirus Disease 2019 (COVID-19) can affect mental health in different ways. There is little research about psychiatric complications in hospitalized patients with COVID-19.

**Objectives:** The aim of the study was to describe the psychiatric clinical profile and pharmacological interactions in COVID-19 inpatients referred to a Consultation-Liaison Psychiatry (CLP) unit.

**Methods:** This is a cross-sectional retrospective study, carried out at a tertiary hospital in Spain, in inpatients admitted because of COVID-19 and referred to our CLP Unit from March 17, 2020 to April 28, 2020. Clinical data were extracted from electronic medical records. The patients were divided in three groups depending on psychiatric diagnosis: delirium, severe mental illness (SMI) and non-severe mental illness (NSMI).

**Results:** Of 71 patients included (median [ICR] age 64 [54-73] years; 70.4% male), 35.2% had a delirium, 18.3% had a SMI, and 46.5% had a NSMI. Compared to patients with delirium and NSMI, patients with SMI were younger, more likely to be institutionalized and were administered less anti-COVID19 drugs. Mortality was higher among patients with delirium (21.7%) than those with SMI (0%) or NSMI (9.45%). The rate of side effects due to interactions between anti-COVID19 and psychiatric drugs was low, mainly drowsiness (4.3%) and borderline QTc prolongation (1.5%).

**Conclusions:** Patients affected by SMI were more often undertreated for COVID-19. However, the rate of interactions was very low, and avoidable with a proper evaluation and drug-dose adjustment. Half of the patients with SMI were institutionalized, suggesting that living conditions in residential facilities could make them more vulnerable to infection.

**Disclosure:** No significant relationships.

**Keywords:** COVID-19; Consultation-Liaison Psychiatry; Psychopharmacology; delirium

## O079

### I-mindfulness-based cognitive therapy (i-MBCT) in the treatment of COVID-19 related adjustment disorder. a RCT study with active control group

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**Introduction:** Adjustment disorder (AD) is described as a maladaptive reaction to an identifiable psychosocial stressor/s that usually emerges within a month after the onset of the stressor. With all uncertainty, fears and disorientation, it's no surprise that many people have developed an AD linked to the sudden changes brought about by COVID-19, such as threat to life, imposed restrictions, and the associated changes. Mindfulness-based cognitive therapy (MBCT) has been found to be effective for depression and anxiety problems, little is known, however, about its efficacy for adjustment disorder.

**Objectives:** The aim of the current research was to evaluate if 4 weeks long, modified internet-delivered MBCT can reduce symptoms of Covid-19 related AD.

**Methods:** 438 individuals with a diagnosis of AD were recruited to take part in the study. They were randomly assigned to i-MBCT, i-progressive muscle relaxation training (i-PMR), and Waiting List (WL). Assessments with questionnaires evaluating AD (ADMN-20), depression (PHQ-9, HADS-D), and anxiety (HADS-A, GAD-7) were filled at baseline, 4-week, and 1-month post-randomization. 142 individuals completed baseline and 4 week assessment (i-MBCT, n= 34; i-PMR, n= 36 and WL, n=72).

**Results:** We found a significant reduction in AD symptoms following the i-MBCT group, whereas no change was found in both control conditions. While a decrease in depressive and anxiety was found in both i-MBCT and i-PMR groups, the greatest reduction has been observed in i-MBCT.

**Conclusions:** These preliminary findings suggest that i-MBCT can be an effective intervention in treating Covid-19 related AD, but more studies are needed.

**Disclosure:** No significant relationships.

**Keywords:** Adjustment Disorder; mindfulness; COVID-19; MBCT

## O080

### Evaluation of anxiety symptoms and depression in the general albanian population during quarantine

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