pain. Additionally, the psychological impact on women's life is enormous. Women with endometriosis show higher rates of depression, anxiety and emotional distress, and these alterations in mental health were associated with the presence of pain rather than with the diagnosis of endometriosis. Additionally, a higher level of depression was observed in women with endometriosis.

Study design, size, duration: To assess the impact of the government-imposed social distancing or quarantine on mental health, an online questionnaire was placed on internet platforms of endometriosis patients support groups between 6th and 27th April 2020. Data collection and analysis were performed anonymously. Recruitment was conducted via a direct link to the survey and an invitation to participate was distributed via the internet platforms of patients support groups. Participants/materials, setting, methods: 274 participants answered the Patient Health Questionnaire for Depression and Anxiety (PHQ-4), which screens for depression (PHQ-2), anxiety (GAD-2) and the level of psychological distress (PHQ-4). PHQ-2 and GAD-2 scores ≥ 3 are cut-off points between normal range and probable cases of mental disorders. A PHQ-4 score above 6 is indicative for severe symptoms. We used descriptive statistics to describe the study population. Correlates of depression and anxiety were identified using multivariate logistic regressions.

Main results and the role of chance: We showed that depression and anxiety were highly prevalent in endometriosis patients during the pandemic: 46.7% and 48.2% of participants showed scale scores of ≥ 3 on the PHQ-2 and GAD-2 scales, respectively.

The mean PHQ-4 score was 5.72 (SD=3.21), thus endometriosis patients were achieving significantly higher PHQ-4 sores (p<0.001) than participants of a previously published study of the representative German population.

Risk factors for higher probability of depressive disorders were the employment status (being employed, OR 2.890, p<0.001), an important or severe reduction of the social network (OR 2.02, p<0.05), having continuous pain (OR 1.83, p<0.05) and high level of dysmenorrhea prior to the pandemic (OR 2.106, p<0.05).

Risk factors for higher probability of anxiety were the employment status (being employed, OR 2.697, p<0.001), an important or severe reduction of the social network (OR 3.038, p<0.01), and high level of dysmenorrhea prior to the pandemic (OR 1.750, p<0.05).

Endometriosis patients were at higher risk for developing mental health problems. The effective use of brief screening measures, such as PHQ-4, can be widely implemented even in the busy outpatient care of general practitioners and gynecologists and may help to reduce morbidity.

Limitations, reasons for caution: We used self-reports for assessment of anxiety and depression and those are susceptible to response bias, such as giving socially desirable responses. Moreover, as PHQ-4 is only a screening tool, the diagnosis must be confirmed in accordance to the appropriate DSM–V criteria. **Wider implications of the findings:** A better understanding of potential

mental problems in endometriosis patients during stressful events, such as the COVID-19 pandemic or other comparable difficult environmental or social circumstances, is crucial for providing an optimal patient centered care in cases of upcoming stressful events.

Trial registration number: Not applicable

P-298 High prevalence of depression and anxiety in patients with endometriosis during the SARS-CoV-2 pandemic in Germany

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Study question: The aim was to assess the prevalence of self-reported symptoms of depression and anxiety and the moderating factors influencing mental symptoms during the COVID-19 pandemic.

Summary answer: Endometriosis patients were at risk of developing mental disorders during the pandemic. Associated risk factors were: reduction of the social network and the employment status.

What is known already: Endometriosis is a disease affecting up to 10% of women of fertile age. The leading symptoms are sub- or infertility and chronic