

measures. The burden on mental health of the medical emergency related to COVID-19 is progressively being revealed. Takotsubo syndrome (TTS), is estimated to represent 1-3% of patients admitted with suspected STEMI, mostly affecting elderly women with emotional stress and/or acute illness preceding the presentation. Comparing patients hospitalized from February to May 2020 with those of the corresponding period in 2019 we observed a significantly increased number of TTS diagnosis in 2020 (11 patients in 2020 vs. 3 in 2019), especially during the first period of lockdown. The only two males were patients with COVID-19 and were the only two who died in hospital. At psychological examination all patients enrolled report to have lived a particularly stressful experience at IES-R in the last year, without presenting the symptoms of a post-traumatic stress disorder. Most patients were positive to the allostatic overload. Only one patient showed a clinical cut-off for HADS and no one for the fear COVID-19 scale. We finally concluded that subjects with pre-pandemic psychological distress may have experienced additional psychological overload, opening the door to TTS by a series of physiological alterations as the secretion of cortisol and catecholamines, making the subject more vulnerable to the onset of TTS.

98 Takotsubo syndrome in COVID-19 era: is psychological distress the key?

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Covid-19 pandemic, starting from Wuhan, China has spread all over the world and Italy was one of the most affected countries, especially in Lombardy, where, on 20 February the first case was confirmed. Italian Government ordered a national lockdown on the 9 March 2020, forcing the population to severe restrictive isolation

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Clinical characteristics	N = 11
Age (M-SD)	76 ± 11
Female gender (%)	72.7
Ejection fraction (M-SD)	41.36 ± 9.16
Apical Tako tsubo (%)	72.7
Basal Tako tsubo (%)	9
Atypical Tako tsubo (%)	18.2
In-hospital death (%)	18.2
Covid + (%)	18.2
Month of hospitalization	
February (%)	9
March (%)	18.2
April (%)	54.5
May (%)	18.2
Psychological assessment	N = 6
IES-R traumatic experiences (%)	100
Allostatic overload (%)	66.6
Hospital anxiety and depression scale (%)	25
Fear Covid-19 scale (M-SD)	14.2 ± 0.6