

EPV0402

Burnout among pharmacists in Tunisia during COVID-19 pandemic

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Introduction: Both public and private sector pharmacists were instrumental in containing this health crisis in Tunisia. The high workload had a considerable impact on their mental health during the outbreak of the Corona Virus.

Objectives: This study aims to assess burnout and the psychological toll of the pandemic among pharmacists in Tunisia during covid-19.

Methods: 258 Tunisian pharmacists working in the public and private sector participated in a questionnaire. Burnout was assessed by the Maslach burnout scale. Regression analysis was used to assess the impact of the pandemic on Tunisian pharmacists.

Results: 80% of the respondents were women. Participants ranged in age from 22 to 62, 60% were married, 57% had at least one child, and 42% had been working for less than five years. The burnout scale revealed 76% burnout among them. Univariate linear regression showed that female gender ($p = 0.014 < 0.05$) was associated with the development of burnout.

Conclusions: The considerable prevalence of burnout among pharmacists during the COVID-19 pandemic in Tunisia can be attributed to the enormous and overwhelming responsibilities that any health care worker endured.

Disclosure: No significant relationships.

Keywords: pharmacist; Impact; Covid-19; burnout

EPV0403

Mandatory containment of COVID-19 patients in Monastir: Legislative framework and impact on freedoms

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Introduction: Tunisia found itself in an exceptional situation during the covid 19 pandemic requiring a legal regime of exceptionality and sanitary necessity with a double challenge: the fight against the sanitary crisis, and the preservation of democratic gains

Objectives: To describe the legislative framework put in place concerning patients with COVID-19 who stayed at the compulsory containment and to discuss the legality of these emergency decisions

Methods: The authors conducted a descriptive cross-sectional study of patients with COVID-19 staying in the compulsory

containment centre of Monastir, with a review of the literature The data were collected through telephone calls. A review of the literature as well as a consultation of the different legislative

Results: The average age was 41.39 ± 1.26 and the sex ratio was 1.17. Imported cases represented 45.3% of the sample and 23% of them expressed a desire to consult a specialist. The duration of mandatory confinement was on average 35.86 ± 1.31 days with extremes ranging from 7 to 86 days. Concerning the legislative framework of the emergency decisions taken during the first wave, the President of the Republic and the Head of Government used Articles 80 and 70 of the Tunisian Constitution, respectively, to issue legislative texts announcing the state of emergency and accompanying. Thus, these legislative measures were restrictive of rights and freedoms and seriously threatened the fragile gains of our democracy

Conclusions: COVID-19 redefined not only the health system but also the economic conditions, as well as the normative and legislative system 2014

Disclosure: No significant relationships.

EPV0405

Preexisting mild cognitive impairment as a risk factor for COVID-19 infection: A scoping review and case reports

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Introduction: SARS-Co-V2 neuroinvasive ability might be the basis for the onset of delirium and neuropsychiatric outcomes.

Objectives: We hypothesized that some infected patients with preexisting cognitive dysfunction may present delirium as unique manifestation of COVID-19 infection or as a prodrome of a new episode consistent with the psychiatric history.

Methods: We conducted a PubMed literature search to verify whether cognitive impairment might predispose to COVID-19. We included three patients with mild cognitive impairment and delirium at admission for SARS-Co-V2 suspected infection. Delirium was diagnosed according to DSM-5 criteria, Cognitive Assessment Method and Coma Glasgow Scale.

Results: Literature analysis evidenced patients presenting delirium or delirium-like symptoms as clinical manifestation of COVID-19, plus a cognitive impairment, from mild to severe, which preexisted or was evidenced during the acute phase or after the infection. Most studies described delirium in patients with a past neurological/psychiatric history. Contrasting data emerged on the potential link between COVID-19 and delirium in patients with cognitive impairment and without a past neuropsychiatric history. Our patients had no history of other medical complications. Our first patient had no psychiatric history, the second reported only a depressive episode, and the third had story of bipolar disorder. Delirium resolved