

## EPP0420

### Relationship between personality, adherence to (mental) health behaviours and psychological distress during the COVID-19 pandemic

A.T. Pereira<sup>1\*</sup>, C. Cabacos<sup>1</sup>, S. Soares<sup>1</sup>, A. Araújo<sup>1</sup>, A. Manão<sup>1</sup>, A.P. Amaral<sup>2</sup>, R. De Sousa<sup>3</sup> and A. Macedo<sup>1</sup>

<sup>1</sup>Faculty of Medicine of University of Coimbra, Institute Of Psychological Medicine, Coimbra, Portugal; <sup>2</sup>Polytechnical Institute of Coimbra, Coimbra Health School, Coimbra, Portugal and <sup>3</sup>ACeS Baixo Mondego, Uf Coimbra Centro, Coimbra, Portugal

\*Corresponding author.

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**Introduction:** Public health authorities around the world have been disseminating messages to support mental health and psychosocial well-being during the COVID-19 pandemic. Based on the Portuguese guidelines, we have developed the Adherence Scale to the Recommendations for Mental Health during the COVID-19 Pandemic (ASR-MH-COVID19) to better understand this health behaviour.

**Objectives:** To analyse the relationship between sociodemographics, personality traits, Adherence (to the Recommendations for Mental Health during the COVID-19 Pandemic) and psychological distress.

**Methods:** 413 individuals (69.2% female; mean age=31.02±14,272) completed an on-line survey, in September-December 2020, including sociodemographic questions, ASR-MH-COVID19, NEO-FFI-20 and Depression Anxiety Stress Scale (DASS-21) and Health Perception Scale.

**Results:** Adherence scores did not significantly differ by gender, age and years of education. Women presented higher DASS and Neuroticism scores ( $p<.01$ ). Adherence were negatively correlated with Neuroticism ( $r=-.247$ ) and with Depression/Anxiety/Stress (all  $r>.200$ ), positively with Openness to Experience ( $r=.174$ ), Conscientiousness ( $r=.194$ ) and Perceived Health (Physical,  $r=.173$  and Psychological,  $r=.215$ ) (all  $p<.01$ ). Mediation analysis (Hays' Macro Process - Model 4) revealed that Adherence is a partial mediator between Openness and DASS and Conscientiousness and DASS; when considering Neuroticism, only the direct effect was significant. The effect of Perceived Health (both Physical and Psychological) on DASS was also mediated by Adherence.

**Conclusions:** The Health Behaviour Model proposes a pathway linking personality and health that applies to these results about adherence and psychological distress during the COVID-19 pandemic. Personality and perceived health (also a trait) influence both adherence to mental health behaviours and psychological distress. Understanding personality is vital for health care providers.

**Disclosure:** No significant relationships.

**Keywords:** Health behaviours; Covid-19; personality

## EPP0419

### From Perceived Vulnerability to Disease to Psychological Distress in times of COVID19 pandemic

A.T. Pereira<sup>1,2\*</sup>, C. Cabacos<sup>1,3</sup>, A. Araújo<sup>1,2,3</sup>, A. Manão<sup>1</sup>, A.P. Amaral<sup>4</sup>, M.J. Soares<sup>1</sup>, R. De Sousa<sup>1</sup> and A. Macedo<sup>1,2,3</sup>

<sup>1</sup>Faculty of Medicine of University of Coimbra, Institute Of Psychological Medicine, Coimbra, Portugal; <sup>2</sup>Centro Hospitalar e

Universitário de Coimbra, Department Of Psychiatry, Coimbra, Portugal; <sup>3</sup>University Beira Interior, Faculty Of Health Sciences, Covilhã, Portugal and <sup>4</sup>Coimbra Institute for Biomedical Imaging and Translational Research, Icnas, Coimbra, Portugal

\*Corresponding author.

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**Introduction:** Perceived vulnerability to disease/PVD may influence psychological reactions to COVID-19 pandemic.

**Objectives:** To analyse the role of PVD in psychological distress/PD during the COVID-19 pandemic, testing whether it is mediated by perceived risk of COVID-19, fear of COVID-19 and repetitive negative thinking/RNT.

**Methods:** Participants (N=413 adults; 69.2% women) were recruited from September until December 2020, via social networks. They completed the following self-report validated questionnaires: Perceived Vulnerability to Disease Questionnaire/PVDQ; Perceived Risk of COVID-19 Scale, Fear of COVID-19 Scale; Perseverative Thinking Questionnaire and Depression Anxiety and Stress Scale. As women had significantly higher levels of PVD, COVID-19 perceived risk and fear, RNT, and psychological distress/PD, gender was controlled in mediation analysis (using PROCESS macro for SPSS; Hayes 2018).

**Results:** All the variables significantly ( $p<.01$ ), moderately ( $r>.20$ ) and positively correlated. The serial mediation model 6 with the three sequential mediators resulted in significant total effect ( $c=.326$ ,  $se=.0791$ ,  $p<.001$ , CI:.1702-.4814), non-significant direct effect ( $c'=.111$ ,  $se=.065$ ,  $p=.087$ , CI:-.0162 to .2380), significant total indirect effect (.2149,  $se=.065$ , CI:.1079-.3278); most indirect effects were significant, including the indirect 7 (.0144,  $se=.0077$ , CI=.0017-.0320), that goes through all mediators (PVD->COVID19 perceived risk->COVID19 fear->RNT->PD), meaning full mediation.

**Conclusions:** The effect of PVD on psychological distress operates by increasing the perception of risk and the fear of COVID-19, which intensify related worries and ruminations in times of pandemic. People with high perceived threat, aversion and discomfort in situations associated with increased risk of infection should be helped to decrease dysfunctional cognitive contents and processes in times of pandemic.

**Disclosure:** No significant relationships.

**Keywords:** disease; COVID19 pandemic; psychological distress; vulnerability

## EPP0420

### Loneliness in elderly in the covid-19 pandemic

S. Suárez-Gómez\*, P. Rodrigues and A. Matos-Pires

Hospital José Joaquim Fernandes, Psychiatry, Beja, Portugal

\*Corresponding author.

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**Introduction:** Loneliness and social isolation condition the health of those over 65 years of age, increasing morbidity and mortality. The pandemic caused by Covid-19 has been a health emergency in which the negative effects have been increased by loneliness. We can define several types of loneliness: physical loneliness, moral loneliness and social isolation.