

laboratory, clinical and radiological markers as well as impact of psychotropic medications during the course of hospitalization in critically ill patients.

Objectives: The primary outcome measure was variability of clinical biomarkers and CORADS scores with severity of COVID-19 infections and the impact of psychotropic medications like risperidone and aripiprazole.

Methods: We screened 430 ICU patients admitted to our tertiary care hospitals, out of whom 67 were diagnosed positively with definitive neuropsychiatric sequelae and receive psychotropic interventions during their hospital stay. We compared their D-dimer levels, C-reactive proteins, serum ferritin levels, serum procalcitonin and Vitamin D levels and further analyzed CORADS severity score with psychiatric severity and outcome.

Results: The mean age of the patients was 42.38 years, majority (44.8%) of them belonged to 21-34 years with slight (52.2%) male preponderance and none of them were more than 60 years. We observed a 43.3% were having organic mood disorder and 37.3% of individual had significant history of alcohol dependence while hypertension and diabetes mellitus were noted in 34.3% and 29.9% respectively. Only D-dimer levels were found to be significant and positively associated with outcome of psychiatric disorders ($p < 0.05$), accounting for 41% of covariance on linear regression analysis.

Conclusions: Our study has found significant association of elevated levels of D-dimer variability but not the other laboratory biomarkers among various neuropsychiatric comorbid sequelae in ICU admitted COVID 19 patients. This particular observation might have potential for serum D-dimer levels to be possibly used as an early biomarker to screen or suspect for comorbid neuropsychiatric presentations.

Disclosure of Interest: None Declared

EPP0977

Studying medicine from home: an cross-sectional study on the impact of online education in Romanian medical students

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doi: 10.1192/j.eurpsy.2023.1254

Introduction: Despite the literature regarding the impact of the COVID-19 pandemic on education, there is little research that specifically targets medical students and their relationship with online courses in regards to engagement and feelings of inadequacy.

Objectives: This cross-sectional study aims to explore such questions by evaluating a small (N=169) sample of Romanian medical students and applying self-reporting questionnaires in order to quantify subjective levels of burnout and imposter phenomenon

Methods: Responders filled an online survey with question regarding miscellaneous socio-demographic factors, along with the Academic Burnout Scale (ABS), Clarence Imposter Phenomenon Scale (CIPS) and Ohio Resilience Scale (ORS). Results were collected and analysed for subsequent correlations.

Results: Predictably, respondents already in favour with online courses showed less signs of burnout and higher levels of resilience.

While higher-year students preferred online courses, particularly final year students, it was lower-year students who showed higher level of resilience and lower burnout and imposter phenomenon levels, possibly suggesting a more profound impact of online education on students in clinical rotations, as opposed to pre-clinical ones. No statistically significant correlations were found between socio-demographic factors and the self-reported ratings, showing that feelings of burnout and imposter phenomenon were equally distributed among genders.

Conclusions: The results of this study present a snapshot into the opinions of future Romanian medical professionals on their own education and, in spite of its methodological limitations, can function as a starting point for deeper and more exhaustive inquiry regarding medical education during COVID-19 times.

Disclosure of Interest: None Declared

EPP0978

Change in urgent psychiatric consultations during the first lockdown in Venezia: a multicenter, retrospective study

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doi: 10.1192/j.eurpsy.2023.1255

Introduction: The COVID-19 pandemic has affected the mental health of the global population (Dragiotti *et al.* J Med Virol 2022;94 (5):1935-49). The first lockdown brought the hardest and most sudden impact on work, educational, social, and recreational activities. Moreover, the fruition of mental health services was restricted, and non-urgent appointments were delayed or converted into telepsychiatry. Thus, it was reasonable to hypothesize different trends of urgent consultations regarding mental health.

Objectives: To detect quantitative and qualitative changes in patients presenting to our Emergency Departments (ED) during the early phase of the pandemic compared to the previous year.

Methods: We conducted a retrospective, multicenter study in Venezia (historical center, mainland) through systematically reviewing the psychiatric consultations in our ED, during the first 16 weeks since 8-Mar-2020 and the same period of 2019. The protocol was approved by the local Ethics Committee as UPSI-19 (Urgent PSychiatric consultations In COVID-19). The statistical analysis was conducted with the software R; Interval Risk Ratio (IRR) with 95% CI was calculated for absolute frequency, primary diagnosis, leading symptoms, and outcomes of these consultations.

Results: In the early phase of the pandemic, in our ED we assisted to a significant decrease in psychiatric consultations: 372 vs 441, IRR=0.84(0.73-0.96). Data revealed a reduction of referral for suicidal behavior (IRR=0.52(0.33-0.80)) and anxiety symptoms (IRR=0.60(0.42-0.87)). Primary diagnoses of patients were not different between the two periods explored. There was a slight increase in admissions (150 vs 121), and a significant decrease in less severe clinical pictures.

Conclusions: In the timeframe considered, we assisted to a significant decrease in referrals from the ED, possibly related both to