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Introduction: Quarantine for suspected patients of being infected by the COVID-19 can lead to negative consequences for mental health and the appearance of depressive symptoms.

Objectives: To assess the prevalence of depression in quarantined patients, and to analyze the associated factors.

Methods: This was a descriptive and analytical survey, carried out from April 4 to May 30, 2020, with 149 patients consulting the COVID-19 sorting box at the Hedi Chaker CHU in Sfax. Suspected COVID-19 patients were contacted by phone during their quarantine and invited to participate in our study. The Patient Health Questionnaire (PHQ-9) scale was used to assess the severity of depression. Cutoffs of 5, 10, 15, and 20 represent minimal, mild, moderate, moderately severe, and severe levels of depression based on PHQ-9 scores. A cutoff score of 10 determines major depression.

Results: The results showed a prevalence of major depression of 10.7%. Of all patients, 89.3% had minimal to mild depression; 10% had moderate to moderately severe depression and 0.7% had severe depression. The PHQ-9 score was statistically correlated with travel to a suspect area during the 14 days preceding the consultation ($p = 0.008$), contact with a subject confirmed COVID-19 ($p = 0.01$), previous follow-up in psychiatry ($p = 0.047$), the change of residence during quarantine ($p = 0.045$), the fear of transmitting the disease to relatives ($p = 0.00$) and the positive result of the nasopharyngeal swab ($p = 0.00$).

Conclusions: Psychological distress was felt in our patients. We recommend that necessary measures should be taken to combat depression.

Keywords: quarantine; suspected patients; Depression; COVID-19 pandemic

EPP0371

Beliefs about coronavirus: Relationship with magical thinking and adherence to self-isolation regimen

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Introduction: Pandemic is accompanied by “infodemic” that is related to higher anxiety (Moghanibashi-Mansourieh, 2020; Roy et al., 2020; Huang, Zhao, 2020). We suggest that indefinite and stressful situation of pandemic provoke magical thinking leading to lower adherence with recommendations for self-isolation.

Objectives: The aim was to reveal the structure of beliefs about reasons, manifestation and consequences of coronavirus and their relationship with magical thinking, anxiety and COVID-19-related behaviour.

Methods: In April 2020 (2-3 weeks of self-isolation regimen) 402 adults aged 18-64 years old filled checklist including beliefs about pandemic (based on the model of Leventhal et al., 2003), Magical Ideation Scale Eckblad, Chapman, 1983) as well as scales measuring anxiety and protective behaviour in pandemic and monitoring of information about coronavirus (Tkhostov, Rasskazova, 2020).

Results: Factor analysis revealed three groups of radical beliefs about coronavirus (48.6% of variance, Cronbach’s alphas .62-.75). Belief about the particular meaning of coronavirus was associated with the magical thinking ($r=.21$), less anxiety about infection ($r=-.19$) and poorer adherence to self-isolation ($r=-.26$). Belief in the negligence as a cause of coronavirus was more typical for those with better adherence ($r=.18$) while catastrophic beliefs about the consequences of pandemic were related to frequent monitoring of the information about the pandemic ($r=.24$), and anxiety regarding future negative consequences of the pandemic ($r=.46$).

Conclusions: Dysfunctional beliefs about coronavirus could be a factor of poorer adherence related to magical thinking and could be addressed in psychological interventions. Research is supported by the Russian Foundation for Basic Research, project No. 20-04-60072.

Keywords: infodemic; coronavirus; magical thinking

EPP0372

The spectrum and severity of psychopathological symptoms in previously healthy individuals who have had severe COVID-19 pneumonia.

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Introduction: The medical novelty of COVID-19 requires a comprehensive study of its impact on various areas of human health, including mental health.

Objectives: To study the spectrum and severity of psychopathological disorders in previously healthy patients of different age groups who have had moderate and severe COVID-19 pneumonia.

Methods: Immediately after stabilization of the physical condition, patients completed the Symptom Checklist-90-R, designed to assess 11 parameters: somatization (SOM), obsessive-compulsive (OS), interpersonal sensitivity (INT), depression (DEP), anxiety (ANX), hostility (HOS), phobic anxiety (PHOB), paranoid ideas (PAR), psychoticism (PSY). Patients with cognitive impairment were excluded.

Results: The study involved 148 patients aged from 26 to 84 years. In the general sample, psychopathological symptoms were detected