O075

Rapid implementation of a support intervention for bereavement at the beginning of the COVID-19 pandemic

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Introduction: There have been over 900,000 deaths from COVID-19, with more than 3 million people bereaved. These deaths are associated with factors leading to poor bereavement outcomes, and distress in frontline-staff
Objectives: to (i)present the rapid implementation of an intervention for bereavement support; (ii)characterize first calls and follow-up.
Methods: We recruited a multidisciplinary team and prepared a structure called "SIB" (Support and Intervention for Bereavement) in a matter of days. There were three steps for the support (Screening, First-line intervention, Second-line intervention (short follow-up). We collected data screening risk factors for complicated grief (CG).
Results: Between March 24th-May 14th (lockdown, March 16th-May 13th), the hotline received nineteen calls for an intervention. The hospital contacts were various, including mortuary. Fifteen relatives were followed, among them thirteen bereaved for ten deaths (on 52 deaths=19.23%). Dead persons were young (m=59.68 years-old, SD=15.25). All contacts reported several risk factors for a CG (no "goodbye" (100%), no funeral rituals (82.35%)). Six relatives were addressed for short follow-up.
Conclusions: The actual pandemic is at high risk for complicated grief and may until 2021. We hope that all hospitals would implement basic bereavement outreach programs to prepare families for the death and to support them afterwards, as well as provide basic support to frontline staff.

Disclosure: No significant relationships.
Keywords: covid-19; bereavement; grief; family support

O076

Fear of infection and optimism predict following stay-at-home recommendations during COVID-19 pandemic in russian young people

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Introduction: . Self-isolation regime is an effective measure to contain the pandemic (Alfano, Ercolano, 2020), but the psychological factors predicting compliance with stay-at-home recommendations

(CSHR) are understudied. We hypothesized that 1) defensive optimism and constructive optimism will have opposite effects on CSHR, 2) the effect of defensive optimism will be mediated through a decrease of anxiety (fear of infection).
Objectives: . The purpose of this study was to assess the direct and indirect (through the fear of infection) effects of defensive optimism (belief that coronavirus problem is exaggerated) and constructive optimism (belief that people's efforts help to prevent infection and spread of the virus) on CSHR, controlling for dispositional optimism.
Methods: . A longitudinal study (from 10/4/2020 till 2/6/2020) was conducted on a sample of 306 university students (89% women, MA=21.20, SD=4.54) using a single-item measure of CSHR, LOT-R (Scheier et al., 1994), the scales of defensive and constructive optimism (Gordeeva, Sychev, 2020), and anxiety in a pandemic situation questionnaire (Tkhostov, Rasskazova, 2020).
Results: . During seven-week interval CSHR has decreased dramatically (Cohen's d=0.66, p<0.001) while the other variables remained stable. Using SEM we have showed that CSHR at the end of study (T2) is predicted by the CSHR (T1) and through it by the defensive optimism (negative effect, p<0.05) and constructive optimism (positive effect, p<0.001). Negative effect of defensive optimism on CSHR is also mediated by the fear of infection (T2), reducing it. Dispositional optimism is associated only with constructive optimism.
Conclusions: . Defensive and constructive optimism/ pessimism are essential in explaining health-related behavior.

Disclosure: No significant relationships.
Keywords: Fear of infection; Defensive optimism; COVID-19 pandemic; stay-at-home recommendations

O077

Emotional response to illness in patients hospitalized with COVID-19 in russia

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Introduction: The situation of Covid-19 disease, associated with a high threat to life and uncertainty, had not only somatic, but also psychological consequences for most patients. Emotional reactions of patients to hospitalization and ways to cope with what is happening have become the subject of study in different countries.
Objectives: To assess the severity of signs of depression and anxiety and to study the methods used to regulate the emotional state in patients with COVID-19 at the time of hospitalization.
Methods: The study volunteered 127 hospitalized patients with Covid-19 (67 men (52.8%) and 60 women (47.2%), aged 19 to 77 years, who completed the following methods: Sociological questionnaire, Beck Depression Questionnaire, GAD-7, F-SOZU-22, CERQ, Dembo-Rubinstein self-assessment scales. The study was conducted from 04/25/2020 to 05/31/2020.

Results: A quarter of patients showed pronounced signs of depression and anxiety (25.4% and 24.13%, respectively), with women having higher rates of depression (M = 8.76 and M = 6.32, p<0.01). Anova showed no significant differences in the response to the disease situation in patients of different age groups. Factor analysis made it possible to identify 3 patterns of emotional coping with the disease: «positive decision oriented», «fixed on negative experiences», «accusers» (The resulting factor solution explains 69% of the dispersion). None of the identified patterns were associated with a significant reduction in signs of depression and anxiety.
Conclusions: Despite the duration of the pandemic, there is still no specific pattern of effective coping with these experiences for patients.

O078

Psychiatric clinical profiles and pharmacological interactions in COVID-19 inpatients referred to a consultation liaison psychiatry unit

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Introduction: The Coronavirus Disease 2019 (COVID-19) can affect mental health in different ways. There is little research about psychiatric complications in hospitalized patients with COVID-19.
Objectives: The aim of the study was to describe the psychiatric clinical profile and pharmacological interactions in COVID-19 inpatients referred to a Consultation-Liaison Psychiatry (CLP) unit.
Methods: This is a cross-sectional retrospective study, carried out at a tertiary hospital in Spain, in inpatients admitted because of COVID-19 and referred to our CLP Unit from March 17,2020 to April 28,2020. Clinical data were extracted from electronic medical records. The patients were divided in three groups depending on psychiatric diagnosis: delirium, severe mental illness (SMI) and non-severe mental illness (NSMI).
Results: Of 71 patients included (median [ICR] age 64 [54-73] years; 70.4% male), 35.2% had a delirium, 18.3% had a SMI, and 46.5% had a NSMI. Compared to patients with delirium and NSMI, patients with SMI were younger, more likely to be institutionalized and were administered less anti-COVID19 drugs. Mortality was higher among patients with delirium (21.7%) than those with SMI (0%) or NSMI (9.45%). The rate of side effects due to interactions between anti-COVID19 and psychiatric drugs was low, mainly drowsiness (4.3%) and borderline QTc prolongation (1.5%).
Conclusions: Patients affected by SMI were more often undertreated for COVID-19. However, the rate of interactions was very low, and avoidable with a proper evaluation and drug-dose adjustment. Half of the patients with SMI were institutionalized, suggesting that living conditions in residential facilities could make them more vulnerable to infection.

O079

I-mindfulness-based cognitive therapy (i-MBCT) in the treatment of COVID-19 related adjustment disorder. a RCT study with active control group

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Introduction: Adjustment disorder (AD) is described as a maladaptive reaction to an identifiable psychosocial stressor/s that usually emerges within a month after the onset of the stressor. With all uncertainty, fears and disorientation, it's no surprise that many people have developed an AD linked to the sudden changes brought about by COVID-19, such as threat to life, imposed restrictions, and the associated changes. Mindfulness-based cognitive therapy (MBCT) has been found to be effective for depression and anxiety problems, little is known, however, about its efficacy for adjustment disorder.
Objectives: The aim of the current research was to evaluate if 4 weeks long, modified internet-delivered MBCT can reduce symptoms of Covid-19 related AD.
Methods: 438 individuals with a diagnosis of AD were recruited to take part in the study. They were randomly assigned to i-MBCT, i-progressive muscle relaxation training (i-PMR), and Waiting List (WL). Assessments with questionnaires evaluating AD (ADMN-20), depression (PHQ-9, HADS-D), and anxiety (HADS-A, GAD-7) were filled at baseline, 4-week, and 1-month post-randomization. 142 individuals completed baseline and 4 week assessment (i-MBCT, n= 34; i-PMR, n= 36 and WL, n=72).
Results: We found a significant reduction in AD symptoms following the i-MBCT group, whereas no change was found in both control conditions. While a decrease in depressive and anxiety was found in both i-MBCT and i-PMR groups, the greatest reduction has been observed in i-MBCT.
Conclusions: These preliminary findings suggest that i-MBCT can be an effective intervention in treating Covid-19 related AD, but more studies are needed.

O080

Evaluation of anxiety symptoms and depression in the general albanian population during quarantine

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