

EPV0315

SEVERITY OF ANXIETY AND SYMPTOMS OF DYSFUNCTIONAL BREATHING IN PATIENTS WITH CHRONIC RESPIRATORY DISEASES IN THE COVID-19 PANDEMIC

E. R. Semenova^{1*}, E. Pervichko¹, D. Shulga¹ and I. Shishkova²

¹Moscow State University named after 'M. V. Lomonosov', Moscow and ²Ryazan State Medical University, Ryazan, Russian Federation

*Corresponding author.

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Introduction: The conditions of the COVID-19 pandemic, as well as the risks associated with it, led to a deterioration in the emotional state of many people: during the pandemic, an increase in the frequency of anxiety disorders was noted, especially among patients with chronic diseases of the respiratory system. Since the beginning of the COVID-19 pandemic, the respiratory system has been described as very "vulnerable" to the coronavirus.

Objectives: To study the severity of anxiety and symptoms of dysfunctional breathing (DB) in patients with chronic respiratory diseases in the conditions of the COVID-19 pandemic.

Methods: We used: «The Perceived Stress Scale-10», «State-Trait Anxiety Inventory», «Short Health Anxiety Inventory», and Nijmegen questionnaire. The sample: 89 patients with respiratory diseases, the average age was 49.21±18.3. Of these, 38 patients with upper respiratory tract diseases (URTD) (J30-J39) and 51 patients with lower respiratory tract diseases (LRTD) (J40-J47). 49 people had a history of COVID-19 disease.

Results: The sample of patients with both URTD and LRTD diseases is characterized by a high level of stress (27.13±6.937 vs 28.59±6.014, p=0.293). The average indicators of health anxiety in patients with LRTD diseases significantly exceed those of patients with URTD diseases (20.18±8.881 vs 15.68±7.022; p=0.01), which is consistent with data on a greater assessment of the disease threat compared with patients with upper respiratory tract diseases. The severity of DB symptoms in the group of patients with LRTD diseases significantly exceeds that in the group of patients with URTD (19.05±12.340 vs 24.29±11.470; p=0.042). Also in this group, there is a greater severity of individual symptoms of DB: spasm of the mouth muscles (p=0.015), accelerated deep breathing (p=0.002), shallow breathing (p=0.001) and the inability to take a deep breath (p=0.001). When analyzing the symptoms among patients who had and did not have a history of COVID-19, significant differences were found in such manifestations of DB as dizziness (1.98±1.351 vs 1.27±1.232; p=0.024) and confusion in the environment (0.61±0.891 vs 0.18±0.465; p=0.010), and also according to the severity of the symptoms of DB in general (23.76±11.996 vs 17.81±8.461; t=2.007, p=0.043). During the analysis, a relationship was established between the severity of DB symptoms and alertness to bodily sensations (R=0.259, p=0.014), which may indicate both an increase in DB symptoms with increased attention toward sensory sensations, and greater screening activity with an increase in DB symptoms. Increased alertness to bodily sensations is associated with situational stress (R=0.530; p=0.001) and personal anxiety (R=0.495, p=0.001).

Conclusions: The results obtained make it possible to identify categories of patients with chronic respiratory diseases who need psychological counseling and psychotherapy.

Disclosure of Interest: None Declared

EPV0316

Health Locus of Control and Health Anxiety in Patients with COVID-19

E. R. Semenova^{1*}, E. Deshchenko², E. Pervichko¹ and J. Konyukhovskaya¹

¹Moscow State University named after 'M. V. Lomonosov', Moscow, Russian Federation and ²Psychology, Moscow State University named after 'M. V. Lomonosov', Moscow, Russian Federation

*Corresponding author.

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Introduction: Perceived sense of control over one's health contributes to determining health-related behaviors and an individual's health status. Therefore, it may enhance vulnerability to health anxiety in response to COVID-19 and influence implementation of preventive strategies and adherence to them. Health anxiety may serve as one of the factors that increase the perception of COVID-19 as dangerous and life-threatening. We hypothesized that external health locus of control may demonstrate a connection with higher levels of health anxiety, whereas internal health locus of control may be considered a protective factor alongside some personality traits due to its role in determination of coping strategies.

Objectives: To assess health locus of control (HLC) in patients with COVID-19 and evaluate its connection with the levels of health anxiety.

Methods: The study has involved 62 participants, average age is 23,4±8,2, with 36 of them being diagnosed with COVID-19 one or more times, average age is 24,5±8,9, whereas 26 of them were healthy, average age is 21,8±7,1. The following methods were used: Brief Illness Perception Questionnaire (modified for COVID-19), Perceived Stress Scale, the state scale from the State-Trait Anxiety Inventory, Short Health Anxiety Inventory, Illness- and Treatment-Related Locus of Control Scale, HEXACO-24 Personality Inventory, Self-Government Test.

Results: COVID-19 patients differed from healthy participants by the following parameters: perceived danger of COVID-19 (31,53±9,51 vs 33,92±11,5; p>0,05); perceived stress (28±8,68 vs 26,5±7,3; p>0,05); state anxiety level (23,3±11,1 vs 25,1±12,5; p>0,05); health anxiety (14,3±6,76 vs 13,8±5,7; p>0,05); internal HLC (18,8±3,24 vs 17,8±4,67; p>0,05); external HLC (5,97±1,89 vs 5,81±1,92; p>0,05); extraversion (11,8±3,36 vs 13,10±3,71; p>0,05).

Correlation analysis has revealed mild positive correlations between health anxiety level and both external HLC (0,32; p<0,05) and chance HLC (0,25; p<0,05), mild negative correlation between health anxiety and internal HLC (-0,18; p>0,05). Analysis of COVID-19 related variables found that health anxiety levels were positively correlated with perceived danger of coronavirus disease (0,37; p<0,01), perceived stress (0,59; p<0,001) in the whole sample. Negative correlation was observed between extraversion and health anxiety (-0,49; p<0,05) in the group of COVID-19 patients.

Conclusions: The results obtained in our study demonstrate the connection of the higher levels of health anxiety in COVID-19 patients with more external orientation of HLC. The connection between extraversion and health anxiety is also observed. Our study indicates that participants diagnosed with COVID-19 one or more

times tend to have higher health anxiety levels in comparison to healthy participants.

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EPV0317

TIME PERSPECTIVE OF THE PERSONALITY OF PATIENTS WHO HAD SEVERE AND MEDIUM COVID-19

E. R. Semenova^{1*}, E. Pervichko¹, A. Kulikova¹, I. Shishkova² and J. Konyukhovskaya¹

¹Moscow State University named after 'M. V. Lomonosov', Moscow and ²Ryazan State Medical University, Ryazan, Russian Federation

*Corresponding author.

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Introduction: In connection with the COVID-19 pandemic and its consequences, the question of how personal time constructs are modified becomes highly relevant. In particular, it is important to understand the specifics of the personality's time perspective in patients who have undergone COVID-19 in varying degrees of severity.

Objectives: To study the time perspective of personality in patients who have undergone COVID-19 in medium and severe forms.

Methods: The study was conducted from February to April 2022. The first group of the sample (the medium form with hospitalization) consisted of 52 respondents (46.2% - men, 53.8% - women, M age = 31.2 years; S=6.7). The second group (severe form with hospitalization) consisted of 48 patients (60% - men and 40% - women, M age = 33.0 years; S=7.8). We used: "The questionnaire of the time perspective of the personality of F. Zimbardo (Short version)"; (Zimbardo, Boyd, 1997; Syrtsova, 2008), the "Scale of Time experience" questionnaire (Golovakha, Kronik, 2008) and the descriptive analysis.

Results: Respondents with a medium form of the disease have more developed hedonistic present (3.2±0.6), future (3.8±0.4) and positive past (3.7±0.6). The negative past (2.6±0.7) and fatalistic present (2.4±0.6) are the least represented in their lives. Respondents with a severe form have a more developed negative past (3.4±0.7), hedonistic present (3.4±0.4), future (3.7±0.5) and positive past (3.6±0.7). The fatalistic present is the least represented in their life (3.0±0.5). When analyzing the factors of time experiencing, it was revealed that respondents with a medium form perceive time as moderately continuous (3.4± 0.8), moderately tense (3.4± 0.8) due to pronounced emptiness and compactness, and also treat time on average not very positively (3.2± 1.0). Respondents with a severe form also perceive time as moderately continuous (3.4± 0.7), rather tense (4.1±1.1) due to pronounced saturation, compactness and rapidity, while they treat time on average moderately positively (2.5± 0.9).

Conclusions: The time perspective in patients with medium form is characterized by planning and achieving future goals, and these respondents also show a fairly high degree of acceptance of their own past, in which any experience is an experience that contributes to development and led to today's state. In respondents with a severe form, along with normative scores on the positive past scale, there is also an increase in negative perception of the past, which is

reflected in an increased degree of rejection of their own past, causing disgust, full of pain and frustration, as well as a hedonistic, risky attitude to time and life, while an orientation towards pleasure, excitement, excitement, enjoyment in the present and lack of concern for future consequences or sacrifices in favor of future rewards. Assistance and help to such respondents should be in the focus of specialists of the relevant profile.

Disclosure of Interest: None Declared

EPV0318

The Role of COVID-19 Pandemic Anxiety and Perceptions in COVID-19 Vaccination

E. R. Semenova^{1*}, J. Konyukhovskaya¹, S. Sviridova², E. Pervichko¹, O. Stepanova¹, O. Mitina¹ and I. Shishkova³

¹Moscow State University named after 'M. V. Lomonosov'; ²Pirogov Russian National Research Medical University, Moscow and ³Ryazan State Medical University, Ryazan, Russian Federation

*Corresponding author.

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Introduction: Since stress and anxiety are significant manifestations of psychological distress during the COVID-19 pandemic, we studied their role in making a decision about vaccination.

Objectives: To study the relationship between the intention to be vaccinated against COVID-19 with health anxiety and stress levels.

Methods: The methodological complex includes the author's socio-demographic questionnaire (Pervichko, 2020, 2021, 2022); the questionnaire "Scale of perceived stress-10" (Ababkov, 2016); the questionnaire "Perceptions of the COVID-19 pandemic" (Pervichko et al., 2020), developed on the basis of the Russian-language version of the E. Broadbent's short questionnaire about the perception of disease (Broadbent, 2006); the State-Trait Anxiety Inventory (STAI) (Spielberger, 2002) and the "Short Health Anxiety Inventory" (Pervichko et al., 2020).

The study involved 232 respondents who did not have COVID-19 (average age – 29.1 ± 13.7 years). Among the respondents, 68.5% have already been vaccinated, 23.3% do not plan to be vaccinated and 8.2% plan to perform the procedure.

Results: The methodological complex includes the author's socio-demographic questionnaire (Pervichko, 2020, 2021, 2022); the questionnaire "Scale of perceived stress-10" (Ababkov, 2016); the questionnaire "Perceptions of the COVID-19 pandemic" (Pervichko et al., 2020), developed on the basis of the Russian-language version of the E. Broadbent's short questionnaire about the perception of disease (Broadbent, 2006); the State-Trait Anxiety Inventory (STAI) (Spielberger, 2002) and the "Short Health Anxiety Inventory" (Pervichko et al., 2020).

The study involved 232 respondents who did not have COVID-19 (average age – 29.1 ± 13.7 years). Among the respondents, 68.5% have already been vaccinated, 23.3% do not plan to be vaccinated and 8.2% plan to perform the procedure.

Conclusions: Higher health anxiety, situational anxiety, perceived stress, and greater perceived life threat due to coronavirus contribute to COVID-19 immunization procedures, which is accompanied by perceptions of greater control of the pandemic.

Disclosure of Interest: None Declared