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## Conclusion

While it may seem that CCS is the rational choice for health-conscious women, addressing the concerns and fears of vulnerable women is key to a good screening coverage.

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## 111240

### Psychological reasons for non-adherence in chronically ill patients

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## Aims

A significant part of patients treated for a long time due to somatic diseases don't adhere to medical recommendations, psychological conditions among the reasons for this. Our study aimed to estimate psychological risk factors of non-adherence in chronically ill patients.

## Methods

Participants were 768 adults (age:  $M = 57.11$ ;  $SD = 15.77$ ), including 520 females and 248 males. The dominant diseases were: cardiological (24%), musculoskeletal (24%), oncological (22%), obesity (20%), diabetes (9%), and multiple sclerosis (1%). We applied a cross-sectional study with a diagnostic survey method and five questionnaires: The Medication Adherence Questionnaire (MAQ), the Multidimensional Health Locus of Control Scale (MHLC), The Coping Inventory for Stressful Situations (CISS), The Mindful Attention Awareness Scale (MAAS), and our own questionnaire (for sociodemographic and medical data).

## Results

Adherent ( $N = 219$ ) and non-adherent ( $N = 549$ ) patients were different in terms of some sociodemographic variables and all psychological variables. The risk of non-adherence is higher: 1.5 times in males than in females ( $p < 0.001$ ); 1.05 times in people decreasing their BMI by 1 kg/m<sup>2</sup> ( $p < 0.05$ ); 1.04 times with a decrease in MHLC-internal locus of control by one score ( $p < 0.05$ ); 1.03 times with an increase in CISS- emotional style by one point ( $p < 0.01$ ); by 1.03 times with a decrease in MASS by one point ( $p < 0.001$ ).

## Conclusion

Psychological risk factors of medical non-adherence in chronically ill patients include lower level of internal health locus of control and

mindful attention, as well as a higher level of emotional style of coping with stress.

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## 111241

### Persistent symptoms after COVID-19 reported by the Dutch media and the general population: Potential nocebo effects?

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## Aim

The prevalence rate of post COVID-19 condition (PCC) is an estimated 12.7% in the general population. Nocebo effects have been suggested as a cause for PCC, potentially resulting in stigmatizing attitudes towards people with PCC. As it is pivotal to explore whether nocebo effects contribute to PCC, we studied whether the frequency of media attention towards PCC-related symptoms corresponded with prevalence rates of these symptoms in the general population.

## Methods

Prevalence rates and typology of PCC-related symptoms in the general population, adjusted for prevalence rates of symptoms in a non-infected control population, were calculated by using data from the Lifelines COVID-19 Cohort ( $N = 76,422$ ). Media attention towards PCC was assessed by coding 1266 Dutch PCC-related news articles (inter-rater- $\kappa \geq 0.75$ ). In these, we assessed whether 23 symptoms were mentioned as being PCC-related.

## Results

PCC-related symptoms were mentioned in 390 (30.8%) news articles. Five of the ten core symptoms of PCC were mentioned by 10 or fewer news articles. Ageusia/anosmia was the most prevalent PCC-related symptom, in 7.2% of participants. However, it was mentioned in only 80 (6.3%) articles. General tiredness and breathing difficulties were most frequently mentioned as being PCC-related (in 23.9% and 17.1% of articles, respectively), while these were far from the most prevalent PCC-related symptoms reported by participants (2.8% and 1.9%, respectively).

## Conclusion

If PCC was predominantly attributable to nocebo effects, its symptom profile would be expected to reflect levels of media attention for PCC. Our findings do not support media attention-related nocebo effects as predominant cause of PCC development.

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