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**111260****Psychological impact of the covid-19 pandemic on health care professionals: A cross sectional analysis of three sets of data**

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**Aims**

Health Care Workers (HCW) have had to deal with mental health-related stressors during the COVID-19 pandemic and exhibited higher rates of anxiety, depression, insomnia, and post-traumatic stress symptoms. The impact of the COVID-19 pandemic on mental health of a sample of hospital HCWs was assessed over time, relating to quality of life, post-traumatic growth, burnout, sleep changes, and resilience.

**Methods**

An online, three-phase, survey was sent to the whole working population of the University Hospital of Modena, covering 12 months (baseline questionnaire sent in June 2020). Sociodemographic and behavioral information related to COVID-19 were collected, together with screening for anxiety, depression, stress, and post-traumatic symptoms. A multivariate analysis was conducted to analyze changes across time.

**Results**

457 HCWs completed all three stages of the survey, M/F ratio: 28.0/71.9%. Anxiety and stress were significantly associated to having been in direct charge of COVID+ patients (anxiety OR = 2.22, 95% C.I. = 1.06–4.78, *p*-value = 0.04; stress OR = 2.03, 95% C.I. = 1.05–3.95, *p*-value = 0.04). Stress was associated to perception of increased workload both at baseline (OR = 1.79, 95% C.I. = 1.02–3.18, *p*-value = 0.05) and at first follow-up (OR = 1.97, 95% C.I. = 1.08–3.73, *p*-value = 0.03). Significant changes over time were registered as to increased alcohol consumption and a more imbalanced diet.

**Conclusion**

Results are helpful to guide support interventions and organizational actions to improve the well-being and functioning of HCWs.

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**111261****Stress and resilience in the workers of three health authorities of Emilia-Romagna during the COVID-19 pandemic**

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**Aims**

The aim of the present study was to study the prevalence of depression, anxiety, stress, and post-traumatic symptoms in Health-Care Workers (HCWs) of three Health Authorities of Emilia-Romagna, Italy during the COVID pandemic.

**Materials and methods**

An online questionnaire was spread to the staff of the University Hospital of Modena and the Local Health Agencies of Modena and Romagna, including the Depression Anxiety Stress Scale (DASS-21), the Impact of Event Scale - Revised (IES-R), and the Utrecht Work Engagement Scale - Short Version (UWES-9). The scores at DASS-21 and IES-R were used as dependent variables in multivariate logistic regression models.

**Results**

A total of 5868 HCWs were reached (response rate of 22.4%), 76.1% of which were women, mostly aged between 45 and 54 years. Rates of positive scores were: 27.9% DASS-21 Depression; 28.4% DASS-21 Anxiety; 34.7% DASS-21 Stress; 21.9% IES-R. At the multivariate logistic regression, the following were statistically significant risk factors for positive scores: female sex, young age, and working at the front line. An increase in alcohol and tobacco consumption and worsening of eating habits were also strongly associated with symptoms. At UWES-9, the three samples reported lower vigor than dedication and absorption, which are at a medium-high level.

**Conclusions**

HCWs have experienced high levels of emotional distress related to the COVID-19 pandemic. Significant improvements are needed not only in terms of organization and distribution of resources, but also in provision of dedicated psycho-social interventions.

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**111262****Postpartum screening results in Ontario, Canada before and after the COVID-19 pandemic: An interrupted time-series analysis**

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**Aims**

This study examined the impact of the COVID-19 pandemic on mothers or childbearing parents using ongoing, systematic screening of a representative Ontario sample.

**Methods**

An interrupted time series analysis was conducted on data captured in the Healthy Babies Healthy Children (HBHC) screening tool to determine effects of the pandemic on relationships, support, mental health, and related clinical outcomes at the time of postpartum discharge from hospital. The ability to parent or care for the baby/child and other psychosocial and behavioural outcomes were assessed.

## Results

The co-primary outcomes of inability to parent or care for the baby/child were infrequently observed in both the pre-pandemic (March 9, 2019–March 15, 2020) and initial pandemic periods (March 16, 2020–March 23, 2021) ((parent 209/63,006 (0.33%) to 177/56,117 (0.32%), care 537/62,955 (0.85%) to 324/56,086 (0.58%)). Changes following pandemic onset were not observed for either outcome although a significant ( $\beta = 1.013$ , 95% CI 1.002–1.025,  $p = 0.02$ ) increase in slope was observed for inability to parent (with questionable clinical significance). For secondary outcomes, worsening was only seen for complications during labour/delivery. Significant improvements were observed in the likelihood of being unable to identify a support person to assist with care, need of newcomer support, and concerns about money over time.

## Conclusions

Despite more complications during labour/delivery, there were no substantive changes in concerns about ability to parent or care for children. Adverse impacts of the pandemic may have been mitigated by accommodations for remote work and social safety net policies.

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## 111263

### Exploring third factors in the relationship between sleep difficulties and suicidal behaviour in adolescents and young adults: A systematic review

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## Aims

This systematic review aimed to assess the role of third factors in the relationship between sleep difficulties and suicidal behaviour in young people. A secondary aim was to identify potential differences between young people across different developmental stages, i.e. adolescents, (12–17 years and young adults (18–25 years)). It also aimed to identify differences between sleep difficulties and different types of suicidal behaviour including self-harm, suicidal ideation, suicide attempts, and death by suicide).

## Methods

Four electronic databases (PsycINFO, EMBASE, PubMed, and CINAHL) were searched for eligible articles (12/22) resulting in 34 articles included in narrative synthesis and quality assessment.

## Results

Depression partially mediated the relationship between most sleep difficulties and most types of suicidal behaviour. Some studies identified that defeat, entrapment, perceived burdensomeness, and anxiety may mediate the association between certain sleep variables (e.g. insomnia) and suicidal ideation, while the impact of other factors including resilience and problematic technology use may be gender dependent. The impact of all factors may depend on the type of sleep parameter (e.g. sleep quality) and the type of suicidal behaviour. The differences between age groups were unclear.

## Conclusion

Depression appears to serve as the main mediator between sleep and suicidal behaviour in youth. However, further research is needed to clarify the role of other third factors as well as age differences

between developmental cohorts. Practitioners should consider sleep difficulties when assessing, supporting, and tailoring interventions for young people presenting with suicidal behaviours even if they are presenting with other co-occurring difficulties such as depression.

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## 111264

### Unconscious negative emotions influence pain experience: Experimental evidence and sex differences in healthy samples

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## Background

Difficulties in emotion perception, expression, and regulation might be relevant in the development and/or maintenance of chronic primary pain. Experimental evidence clearly shows that negative and suppressed emotions increase pain. According to psychodynamic concepts, unconscious negative emotions may lead to increased pain perception - however, this has not yet been investigated.

## Methods

We will present a first study with 72 healthy women using an adapted think/no-think paradigm (T/NT) with combinations of 72 neutral face pictures and 36 neutral or 36 negative IAPS pictures. Within the T/NT recall the neutral face images were identified, for which the paired IAPS images were effectively forgotten. This was followed by randomly presenting 20 neutral face images each of the no-think-neutral and no-think-negative conditions in parallel with individual intermediate heat pain stimulation on the left hand. Immediately thereafter, pain intensity and unpleasantness were rated. A second study investigated 70 young healthy men with the identical paradigm.

## Results

The first study showed a significantly higher pain unpleasantness for formerly negatively paired vs. formerly neutrally paired facial images, even when these images were forgotten. Pain intensity was independent of whether the formerly paired negative or neutral image was recalled. Preliminary results for the second study show that, generally, men had lower emotional awareness than women. In contrast to women, men tended to rate overall pain unpleasantness lower than pain intensity.

## Conclusion

The detailed analysis of pain experience of effectively forgotten former negative vs. former neutral trained cues will be reported. The findings support a possible significant role of (unconscious) negative emotions in chronic (primary) pain.

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