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## Additional abstracts of the eighth annual scientific conference of the European Association of Psychosomatic Medicine (EAPM)

### Health anxiety symptoms in pediatric obsessive-compulsive disorder: Patient characteristics and effect on treatment outcome

Charlotte Ulrikka Rask<sup>a,b</sup>, Charlotte Steen Duholm<sup>a,b</sup>, David Højgaard<sup>a</sup>, Gudmundur Skarphedinnsson<sup>c</sup>, Per Hove Thomsen<sup>a,b</sup>

<sup>a</sup>Aarhus University Hospital, Denmark

<sup>b</sup>Aarhus University, Denmark

<sup>c</sup>University of Iceland, Iceland

**Objective:** To explore the potential clinical role of health anxiety (HA) symptoms in children and adolescents diagnosed with obsessive-compulsive disorder (OCD). The study investigated differences in demographic and various clinical variables between young people with OCD, with and without HA symptoms, and the effect of HA symptoms on overall OCD treatment outcome.

**Methods:** The study sample comprised 269 children and adolescents with OCD (aged 7-17 years) from the large Nordic Long-term OCD Treatment Study. OCD symptoms and severity were assessed with The Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS), which includes one item regarding HA-like obsessions and one item regarding HA-like compulsions that were used to define the HA group. Several other instruments were used to assess comorbidity and other clinical aspects. All participants were treated with 14 weekly protocolled sessions of exposure-based cognitive behavioral therapy (CBT).

**Results:** HA symptoms were present in 31% of participants. Other anxiety symptoms and comorbid anxiety disorders were more prevalent among those with HA symptoms. These patients also presented with significantly more types of OCD symptoms. HA symptoms were reduced during and following OCD treatment with CBT and having HA symptoms did not affect CBT outcome.

**Conclusion:** Results suggest that pediatric OCD with HA symptoms is characterized by more anxiety symptoms and a more heterogeneous OCD symptom profile. Standardized CBT seems equally effective in treating child and adolescent OCD with or without HA symptoms.

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### The experience of healthcare workers facing COVID-19 crises: A qualitative study in a primary care university setting in Switzerland

Konstantinos Tzartzas, Madison Graells, Elodie Schmutz, Patrick Bodenmann, Jeremie Blaser, Isabelle Petitgenet, Régis Marion-Veyron, Javier Sanchis Zozaya, Brigitte Pahud Vermeulen, Ioannis Kokkinakis, Bernard Favrat, Véronique Grazioli

Center for Primary Care and Public Health (Unisanté), University of Lausanne, Switzerland

**Objective:** The COVID-19 pandemic has pushed health systems to their limits. Healthcare Providers (HP) are facing extreme working conditions and major changes in their usual work context (WC), potentially leading to a risk of developing mental health problems. Their ability to cope with these stressing conditions could be supported by different workplace interventions. Before effective supporting approaches are proposed to HP, their lived experiences in their specific WC have to be investigated.

**Methods:** We explored qualitatively the experience of HP of a university center for primary care and public health in Switzerland. Individual semi-structured interviews were conducted. A thematic content analysis was realized.

**Results:** 20 interviews were conducted (85% female HP; mean age = 40.55; 35% physicians, 35% nurses, 30% pharmacists). Six major themes emerged regarding HP's experience when facing COVID-19 pandemic: i) professional complexity (risk of contamination, material shortage, communication difficulties, etc.); ii) new types of collaboration and work organization; iii) wide range of feelings (positive, negative, mixed, blurry feelings); iv) perceived benefits of the crisis (opportunities, new helping factors and resources.); v) emerging needs and confrontation with basic needs; vi) private life complexity (family organization, caring for loved ones, relationships changing).

**Conclusions:** Participants reported numerous individual, relational and institutional difficulties (both private and professional) related to COVID-19 pandemic, leading to multiple and mixed feelings. Constant changes in the WC forced them to keep adapting to find

new balances. Individual and structural approaches, tailored to the WC, need to be proposed, promoting specific helping factors and minimizing emerging difficulties.

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### Personality factors and cognitive functioning in patients with somatic symptom and related disorders

Jarinne de Jong<sup>a,b</sup>, Lars De Vroege<sup>a,b</sup>, Arjan C. Videler<sup>b,c</sup>, Willem J. Kop<sup>a,d</sup>

<sup>a</sup>*Clinical Centre of Excellence for Body Mind and Health, The Netherlands*

<sup>b</sup>*Department Tranzo, Tilburg University, The Netherlands*

<sup>c</sup>*Clinical Center of Excellence for Personality Disorders and Autism in Older Adults, The Netherlands*

<sup>d</sup>*Center of Research on Psychology in Somatic Diseases (CoRPS); Department of Medical and Clinical Psychology, Tilburg University, The Netherlands*

**Background:** Patients with somatic symptom and related disorders (SSRD) often report problems with cognitive functioning and perform poorly on standardized neuropsychological tests. The role of vulnerability factors for these neurocognitive problems is insufficiently understood. This study examined the association between personality factors (i.e., neuroticism, extraversion, openness, agreeableness, and conscientiousness) with measures of cognitive functioning in SSRD.

**Methods:** Patients ( $N = 348$ , mean age = 42.1 years (standard deviation = 13.4), 59.6% female) with SSRD from a tertiary care center participated in this cross-sectional design. Data included a neuropsychological test battery measures and assessment of personality factors (NEO-FFI) and depression (PHQ-9) using self-report questionnaires.

**Results:** Regression analyses showed negative associations between neuroticism and visual memory ( $\beta = -0.14$ ,  $p = 0.019$ ), and planning ( $\beta = -0.23$ ,  $p < 0.001$ ), between extraversion and visual memory ( $\beta = -0.18$ ,  $p = 0.011$ ), and planning ( $\beta = -0.18$ ,  $p = 0.021$ ), and a positive association between openness and visual memory ( $\beta = 0.19$ ,  $p = 0.002$ ). Depressive symptoms were associated with lower scores in information processing speed ( $\beta = -0.22$ ,  $p < 0.001$ ), working memory ( $\beta = -0.14$ ,  $p = 0.005$ ), and divided attention ( $\beta = -0.14$ ,  $p = 0.023$ ). Associations between personality factors with neuropsychological test performance were attenuated when adjusting for depression scores.

**Conclusion:** Personality factors are associated with reduced cognitive function in selected neuropsychological domains, which was only partially explained by depressive symptoms. A patient-centered treatment approach using cognitive rehabilitation therapy may be helpful to patients with comorbid SSRD and neurocognitive problems.

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### Persistent somatic symptoms after a SARS-CoV-2 infection: Long COVID in the Dutch Lifelines Cohort study

Aranka Viviënne Ballering, Nord van den Bos, Judith Rosmalen  
*University of Groningen, University Medical Center Groningen, The Netherlands*

**Objective:** Many studies assess persistent somatic symptoms after SARS-CoV-2 infections in clinical populations. However, most

COVID-19 patients are not hospitalized. Often studies cannot adjust for patients' pre-infection somatic symptom reporting. Therefore, we assess the prevalence of persistent somatic symptoms after a SARS-CoV-2 infection (i.e. long COVID) and we aim to identify predictors of long COVID, adjusted for patients' pre-infection somatic symptom reports.

**Methods:** We use data from 13 measurements of the Dutch Lifelines COVID-19 Cohort Study, collected from March to August 2020. Participants were considered infected with SARS-CoV-2, if they reported a positive SARS-CoV-2 test or positive physician's diagnosis. Long COVID was defined as experiencing one or more COVID-19-related somatic symptom, for example headaches, body aches and fatigue, at least 28 days post-infection. To assess predictors of long COVID, we will conduct multiple logistic regression analyses, including sex, age, education, smoking status, presence of chronic disease, pre-infection symptom reporting and sex-by-predictor interaction terms.

**Results:** In total 504,077 surveys were completed by 74,722 unique participants (60.8% female). A COVID-19 diagnosis was reported by 1,106 participants (67.9% females). 28 days post-infection, 36.9% of patients experienced at least one COVID-19-related symptom. The most prevalent symptoms 4 weeks post-infection are body aches, dyspnoea and headaches in 13.4%, 8.8% and 7.3% of patients, respectively. Currently, we are comparing symptom reports 4 weeks post-infection to pre-infection personal symptom reports.

**Conclusion:** We will further investigate whether patients' pre-infection symptom reports predict long COVID and how long it takes for COVID-19 patients' to return to pre-infection symptom levels.

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### Physiological linkage during doctor-patient interactions in oncology

Marta Vigier<sup>a,b</sup>, Katherine Thorson<sup>c</sup>, Elisabeth Andritsch<sup>a</sup>, Clemens Farkas<sup>a</sup>, Andreas Schwerdtfeger<sup>b</sup>

<sup>a</sup>*Medical University of Graz, Austria*

<sup>b</sup>*University of Graz, Austria*

<sup>c</sup>*Barnard College Columbia University, United States of America*

**Objective:** Doctors and patients influence each other when interacting and can become similar to each other in affect and behavior. We investigated whether their physiological responses could also become similar. Precisely, we examined whether physiological linkage occurred and whether it varied by role (doctor vs. patient), by relationship length, and by interactions between role and length.

**Methods:** We focused on the autonomic nervous system activity (ANS) of oncologists and their patients during a follow-up consultation. In order to estimate physiological linkage between doctors and their patients, we investigated how much a doctor's (or patient's) physiological response predicts a patient's (or doctor's) response, at a following time point. We also adjusted for participants' own prior physiological responses. We obtained complete data from consultations between 102 unique doctor-patient dyads.

**Results:** We found that, physiological linkage between doctors and patients varied by an interaction between role and relationship length (in a non-linear, quadratic fashion):  $b = -0.01$ ,  $p = 0.005$ ,  $R^2 = 0.07$ . Patients were significantly linked to their doctors if they had medium-length relationships:  $p_s < 0.05$ . Patients were not linked to their doctors in shorter or longer relationships. Doctors were never significantly linked to their patients:  $p_s > 0.13$ .

**Conclusion:** Physiological responses of doctors predicted patients' responses differently depending on relationship length. Importantly