

Objectives: Through this survey, we examine the prevalence of anxiety symptoms in the Tunisian population face to the end of lockdown.

Methods: The survey was conducted using the online anonymous questionnaires and distributed through social networks from 24 April to 23 May 2020 (which was considered the end of the lockdown in Tunisia). It included socio-demographic questions and participants' experience of SARS-CoV-2-related stressful events (A member of your family was suspected of having Corona virus /someone you know had Corona virus's symptoms /You were quarantined). Anxiety symptoms were evaluated with the Hospital anxiety and depression scale-anxiety (HADS-A)

Results: Our study included 80 participants: 71.3% female and 42.5% married. The mean age of the participants was 29.30 years (SD = 8.72). The mean HADS-A score was 8.03 (SD=2.938) (maximum=16 minimum=1). Two-thirds of the participants exhibited anxiety symptoms (66.3%) with 1.3 % reported moderate severe anxiety symptoms. Anxiety was correlated with age and gender ($p=0.013$, $p=0.027$).

Conclusions: Our results suggest that in this early phase of the COVID-19 lockdown resolution we can already observe its fundamental impact on anxiety.

Keywords: Anxiety; COVID19; lockdown resolution; tunisia

EPP0379

New measure of defensive and constructive optimism towards COVID-19 pandemic

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Introduction: Individuals' beliefs about COVID-19 pandemic may affect their health-related behavior including self-isolation. "Positive" beliefs may be realistic (constructive belief that efforts help to prevent infection and spread of the virus) or rose-colored glasses (defensive belief that coronavirus problem is exaggerated aimed to cope with anxiety) with different consequences for behavior and mental health.

Objectives: Objectives: The aim was to develop the scales of defensive and constructive optimism towards COVID-19 pandemic (DCO-Covid) and analyze their psychometric properties, factor structure using CFA, internal consistency and validity.

Methods: The sample comprised 1403 university students (68% women, $M=20.59$, $SD=3.66$) from large cities of Russia. Online survey conducted from 10/4/2020 till 25/4/2020. Test battery included the scales of constructive and defensive optimism (each of 3 items) and measure of dispositional optimism (LOT-R, Scheier et al., 1994). Part of the sample ($N=306$) completed anxiety in a pandemic questionnaire (Tkhostov, Rasskazova, 2020).

Results: CFA indicated a good fit for the two-factor model ($\chi^2=27.11$, $df=8$, $p<.001$, CFI =.985, TLI=.971, RMSEA = .041, $p[RMSEA\leq.05] = .78$) with negative correlations between factors ($-.28$). Cronbach's alpha for defensive optimism and constructive optimism were $\alpha=.75$ and $\alpha=.70$ respectively. As expected constructive and defensive optimism correlated with dispositional optimism ($r=.24$; $p<.001$ and $r=-.06$; $p<.05$ respectively) and anxiety (fear of infection, $r=.08$; n.s and $r=-.23$; $p<.001$).

Conclusions: The results show that DCO-C is a reliable measure of defensive and constructive optimism towards COVID-19 pandemic. The construct validity of these scales is confirmed by CFA and obtained correlations.

Keywords: constructive optimism; questionnaire; COVID-19 pandemic; Defensive optimism

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The psychological impact of the COVID-19 pandemic and confinement period on a tunisian sample

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Introduction: Coronavirus disease 2019, is now a global pandemic that has spread rapidly causing many deaths. Most countries have opted for compulsory confinement which had repercussions on mental health and well-being.

Objectives: The purpose of this study is to assess mental health consequences during the confinement period.

Methods: This is a cross-sectional descriptive study of 360 Tunisians in April and May 2020. We used an anonymous E-questionnaire that included a socio-demographic fact sheet, The HAD questionnaire, and a Q-EDD questionnaire to explore eating disorders.

Results: The subjects of our sample were mostly males with a mean age of 31. The body mass index was 25.5 (range 16.10 -46.24), 15% suffered from obesity. Half of the subjects were single and 6.7% spent the confinement time alone. 11.1% were smokers while 4.4% were alcohol users. The HAD-A and the HAD-D scores had an average of 9.1 and 8.48 respectively. A pathological threshold of anxiety and depression was found in 20% and 30% of the sample respectively. 15% had an eating disorder: 76% had binge eating, 20% had bulimia and 17% had anorexia. In our study, we found an association between eating disorder and obesity, single marital status ($p=0.007$), living alone ($p=0.001$), history of depression ($p=0.046$), anxiety ($p=0.049$) and depression ($p=0.038$).

Conclusions: Reduced social interactions, decreased physical activity and increased stress are potentially harmful causes for our brain. Confining the population for several weeks has a negative impact on our physical and mental health. A crisis unit has been formed in Tunisia to help subjects overcome these psychological difficulties.

Keywords: COVID19; eating disorders; Depression; Anxiety