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110858
The urge to climb mountains: Exploration of salutogenic and pathogenic aspects in regular and extreme mountaineering

Objective
A Blended Collaborative Care strategy (BCC) can improve treatment of patients with medical-mental comorbidity. However, patients often suffer from multiple chronic conditions. The European Union-funded ESCAPE project will examine the impact of a BCC intervention targeting patients aged 65+ with heart failure, 2+ medical comorbidities plus mental distress / disorder.

Methods
After developing an extended and modified BCC strategy (presented by Lühmann et al., Kohlmann et al., Gostoli et al.) and a dedicated web-based platform (Velasco et al.), we will examine this strategy in an RCT (n = 300) embedded in a comprehensive cohort study following 450 patients over 18+ months. Our primary hypothesis is that the ESCAPE BCC intervention improves health-related quality of life (QoL) measured by EQ-5D-5L by ES >0.35 compared to physicians' usual care. Secondary outcomes include medical endpoints (morbidity, mortality), psychological well-being, and treatment satisfaction. Furthermore, we will assess caregiver burden and QoL, indicators for quality of care, and health-economic parameters. The non-randomized cohort will serve as external reference for the RCT findings.

Results
We will present the study design and its implementation across participating countries including AI-supported translation of study materials into the local languages. Results from a feasibility study will also be reported.

Conclusion
ESCAPE expands the BCC strategy to support treatment of multimorbid older patients and involve their carers, actively integrate GPs treatment plans and state-of-the art information technology. If proven effective, the ESCAPE BCC strategy can serve as a template for patients with different multimorbidities across diverse health care systems throughout Europe.

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110859
Who is at risk of poor mental health following COVID-19 outpatient management?

Objective
Common knowledge implies that individuals engaging in outdoor sports and especially in regular and extreme mountaineering are exceptionally healthy and hardened. Here we investigate aspects of regular and extreme mountaineering which go beyond salutogenic effects and might share similarities with psychiatric disorders.

Methods
This web-based study collected data on exercise and mountaineering addiction (Exercise Addiction Inventory; original and adapted version for mountaineering; Exercise Dependence Scale adapted version for mountaineering). Further parameters included mountaineering habits, the Risk Taking Inventory, the Sensation Seeking/Emotion Regulation/Agency Scale (SEAS), resilience, self-perceived stress, physical activity and mental health. Non-parametric analyses were used.

Results
Data from 335 regular mountaineers were analysed comparing those with addiction to mountaineering (MA; n = 88) to control participants i.e. subjects without addiction to mountaineering (controls, CO; n = 247). In the MA group there were significantly higher values regarding self-perceived stress (p < 0.001) and higher numbers of individuals affected with depression (p < 0.001), anxiety (p < 0.001), eating disorders (p < 0.001), alcohol abuse or dependence (p < 0.001), illicit drug use (p = 0.050) or history of psychiatric disorders (p < 0.001). No difference was found concerning resilience or somatic disorders. Individuals with MA showed higher values in all SEAS subscales as well as increased risk taking (p < 0.001). No difference between the groups was found for cautiousness.

Conclusion
Regular and extreme mountaineering can display features of a behavioral addiction and is associated with psychiatric disorders. Increased risk taking in individuals with MA could potentially be a source of accidents.

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and anxiety (PHQ-4, Patient Health Questionnaire) and self-perceived overall mental health and quality of life (Likert scales). Multi-parameter random forest and serial univariable modeling was used for analysis. Mental disorder risk subsets were defined by self-organizing map and hierarchical clustering algorithms.

Results
At a median of 79 days (AT)/96 days (IT) post COVID-19 onset, 12.4 (AT)/19.3 (IT)% of subjects were positive for anxiety and 17.3 (AT)/23.2 (IT)% for depression. Over one-fifth of the respondents rated their overall mental health (AT: 21.8%, IT: 24.1%) or quality of life (AT: 20.3%, IT: 25.9%) as fair or poor. In both study collectives, psychosocial stress, high numbers of acute and persistent COVID-19 complaints and the presence of acute neurocognitive symptoms were the strongest correlates of deteriorating mental health and poor quality of life. In clustering analysis, these variables defined a ‘high risk’ subset with particularly high propensity of post-COVID-19 mental health impairment and decreased quality of life.

Conclusion
We put forward specific acute symptoms of the disease as ‘red flags’ of mental health deterioration which should prompt general practitioners to identify COVID-19 patients who may benefit from early psychological and psychiatric intervention.

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110860
Health anxiety symptoms in Danish children during the COVID-19 pandemic: An Odense Child Cohort study
D. Hulgaard\textsuperscript{a, b}, J. Nissen\textsuperscript{a}, N. Bilenberg\textsuperscript{a, b}, C. Raska\textsuperscript{c, d}

\textsuperscript{a}Department of Clinical Research, University of Southern Denmark, Odense, Denmark
\textsuperscript{b}Child and Adolescent Psychiatry, Mental Health Services in the Region of Southern Denmark, Odense, Denmark
\textsuperscript{c}Department of Child and Adolescent Psychiatry, Aarhus University Hospital, Research Unit, Aarhus, Denmark
\textsuperscript{d}Department of Clinical Medicine, Aarhus University, Arhus, Denmark

Objective
Concerns about the possible negative impact of the COVID-19 pandemic on the psychological wellbeing of children are increasing. Especially worries about health and illness may be exacerbated. Two investigations of health anxiety symptoms (HAS) in Danish children performed in 2020 and in 2021 respectively, are presented, aiming to explore 1) the level of HAS, 2) associations with potential risk factors, e.g.: parental HAS and child internalizing symptoms, and 3) the trajectories of HAS over time.

Methods
Among the current Odense child cohort (OCC) population of 2430 children, 994 participated in the 2020 study (response rate 40%) and 567 participated in the 2021 study (response rate 25.5%). Children and their parents filled out questionnaires about child HAS and covariates. Adjusted odds ratios (aORs) were calculated between high score child HAS (≥90th percentile in the 2020 population) and covariates, by use of logistic regression. The HAS scores of children participating in both the 2020 and 2021 questionnaires were divided into four trajectory groups.

Results
High score child HAS was found 14.5% of the 2021 population. Associations were found between high score HAS and parental HAS (2020), with internalizing problems at age 5 (2020 and 2021) and with internalizing problems at age 3 (2021). A low – low trajectory, indicating few HAS during the pandemic, was found in 82% of participating children.

Conclusions
Findings suggest the presence of vulnerable families with anxious children and/or parents, where children are at increased risk of developing HAS during a global health threat.

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110861
Psychometric properties of the Health Anxiety by Proxy Scale (HAPYS): A new questionnaire to assess parents’ worries about their child’s health
K. Ingeman\textsuperscript{a, b, c}, K. Wright\textsuperscript{d}, L. Frostholm\textsuperscript{b, c}, D. Hoffmann Frydøld\textsuperscript{e}, E. Ørnbøl\textsuperscript{a}, C. Raska\textsuperscript{b, c}

\textsuperscript{a}Department of Child and Adolescent Psychiatry, Aarhus University Hospital, Psychiatry, Aarhus, Denmark
\textsuperscript{b}The Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital, Aarhus, Denmark
\textsuperscript{c}Department of Clinical Medicine, Aarhus University, Aarhus, Denmark
\textsuperscript{d}Department of Psychology, Faculty of Arts, University of Regina, Regina, Canada

Objective
Health anxiety (HA) by proxy describes parents’ excessive and intrusive worries about their child’s health. The Health Anxiety by Proxy Scale (HAPYS) is a self-report questionnaire assessing parents’ worries and behaviours relating to their child’s health. This study aimed to investigate the psychometric properties of the HAPYS.

Methods
Questionnaires, including the Pain Catastrophizing Scale and the Adult Response to Children’s Symptoms, were answered by 204 parents and a HAPYS total score was obtained for 200 parents with different risk of HA by proxy: 39 parents diagnosed with HA (high risk), 33 parents with a Functional Somatic Disorder (intermediate risk), 33 parents with different anxiety disorders (intermediate risk), and 95 healthy parents (low risk). Reliability (Cronbach’s alpha and interclass correlation coefficient), convergent validity (Spearman’s correlation coefficient) and discriminative validity (non-paired Kruskall Wallis) were explored.

Results
HAPYS demonstrated excellent internal reliability (α = 0.95) and test-retest reliability (ICC = 0.91; CI: 0.87–0.94). Convergent validity with the construct of parental catastrophizing was good (r = 0.72; CI: 0.64–0.78)) as hypothesized. Good discriminant validity was demonstrated by the largest total HAPYS score observed in parents with HA (mean = 35.3; SD: 3.9) and the lowest score in healthy parents (mean = 10.7; SD: 0.9) (p < 0.001).

Conclusions
Preliminary findings support that HAPYS is a useful measure of HA by proxy. Future research should examine the psychometric properties in larger samples and different languages including further statistical analyses specifically factor analyses.

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