

EPP036

Workplace and non-workplace loneliness: a comparative study on risk factors and impacts on absenteeism and mental health among employees in SpainJ. Domènech-Abella^{1*}, C. Muntaner², J. Mundó³ and J. M. Haro⁴¹Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat (Barcelona), Spain; ²University of Toronto, Toronto, Canada; ³Universitat de Barcelona and ⁴Parc Sanitari Sant Joan de Déu, Barcelona, Spain

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Introduction: Loneliness can manifest in various aspects of life, including personal and professional contexts. Although most of studies on loneliness are focused on general loneliness without the specification on any context, the study of workplace loneliness has garnered increased attention in recent years and researchers explore how loneliness in professional settings affects labor satisfaction, productivity and mental health of workers. However, few studies have directly compared workplace and non-workplace loneliness, particularly in terms of their prevalence, agreement with each other, risk factors, and consequences

Objectives: The aim of this study is to (1) evaluate prevalences and concordance between workplace and non-workplace loneliness, (2) compare sociodemographic risk factors between workplace and non-workplace loneliness, (3) compare working conditions-related risk factors between the two contexts of loneliness, and (4) compare their impact on absenteeism, depression, anxiety and substance use disorder.

Methods: A representative sample of the employee residing in Spain (n=5400) was surveyed using computer-assisted web interviews (CAWI). Logistic regression models were constructed to compare the effects of risk factors for workplace and non-workplace loneliness (including sociodemographic factors, and factors related to working conditions), as well as the impact of workplace and non-workplace loneliness on absenteeism, and symptoms of depression, anxiety, and substance use disorder.

Results: 40.7% of active workers report experiencing workplace loneliness, while 42.0% report non-workplace loneliness. The level of concordance between both types of loneliness is low ($k=0.36$). Both types are more prevalent among younger workers and migrated people. Other sociodemographic risk factors (being female, non-married, and non-heterosexual) were significantly associated with non-workplace loneliness. Meanwhile, risk factors related to working conditions -particularly working under stress and labor precariousness- were associated with both types of loneliness, which showed an independent impact on absenteeism, depression, anxiety, and substance use disorder.

Conclusions: Most of social determinants of workplace loneliness are rooted in the work environment, indicating that effective interventions should focus on addressing labor conditions and precariousness to improve both workplace and non-workplace loneliness and their impacts on absenteeism and mental health.

Disclosure of Interest: None Declared

EPP035

Causal Relationship Between Social Isolation, Loneliness, and Cardiovascular DiseaseY. Nie¹, Y. He², J. Zhang¹ and Y. Y. Liang^{1*}¹Center for Sleep and Circadian Medicine, The Affiliated Brain Hospital of Guangzhou Medical University and ²Department of Medicine, The Third Affiliated Hospital of Sun Yat-Sen University, Guangzhou, China

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Introduction: Cardiovascular disease (CVD) has become one of the leading causes of death worldwide. Psychosocial factors play a significant role in the pathogenesis of CVD. Social isolation and loneliness, two important aspects of social determinants, have been shown to be associated with adverse health outcomes. However, it remains unclear whether social isolation and loneliness increase the risk of CVD and exacerbate CVD development.

Objectives: This study aims to investigate 1) whether social isolation and loneliness are associated with CVD; 2) whether the associations between social isolation and loneliness and CVD are consistent with causal effects; and 3) whether social isolation exacerbates CVD development.

Methods: We capitalized on a large sample of individual-level data from the UK Biobank. Participants' levels of social isolation and loneliness were assessed via questionnaires. 6 cardiovascular diseases (atrial fibrillation, heart failure, hypertension, myocardial infarction, peripheral vascular disease, and stroke) were included by linking hospital admission data and death registry records. We used Cox proportional hazards models to estimate the hazard ratios (HRs) of social isolation and loneliness with the risk of CVD. Additionally, we employed two-sample Mendelian randomization analysis to estimate the causal relationships between social isolation, loneliness, and CVD. Finally, we evaluated the impact of social isolation on the clinical outcomes of myocardial infarction in mice. We determined infarct size using histology and heart function using echocardiography.

Results: During a median follow-up of 12.6 years, after adjusting for demographic, socioeconomic, and lifestyle factors, most isolated group was associated with an increased risk of 4 out of 6 cardiovascular diseases compared to the least isolated group: heart failure, peripheral vascular disease, stroke, myocardial infarction, and hypertension. Loneliness increased the risk of all 6 cardiovascular diseases. Two-sample Mendelian randomization analysis showed that fewer leisure or social activities was associated with an increased risk of stroke (OR 1.01; 95% CI 1.00-1.02). Loneliness was associated with an increased risk of heart failure (OR 1.70; 95% CI 1.13-2.57), myocardial infarction (OR 1.02; 95% CI 1.00-1.04), and atrial fibrillation (OR 1.00; 95% CI 0.99-1.00). Further, compared to group-housed mice, socially isolated mice showed significantly reduced cardiac ejection function, increased myocardial fibrosis and cardiomyocyte apoptosis after myocardial infarction.

Conclusions: Potential causal relationships were identified between genetic liability to social isolation, loneliness and the incidence of cardiovascular diseases. Social isolation may exacerbate the progression of myocardial infarction. The results of this study emphasize the adverse impact of social disconnections on the incidence and development of cardiovascular diseases.

Disclosure of Interest: None Declared