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**Introduction:** During the pandemic of a new coronavirus infection in Russia, the number of patients with diagnosed depressive and anxiety disorders increased. Studies have shown a sharp increase in the number of respondents who recorded stress as a non-specific reaction to a sudden change in environmental conditions. Quality of life, encompassing physical, psychological, and social well-being, often correlates with individuals' emotional and mental states.

**Objectives:** The study aimed to examine the associations between quality of life and emotional states — specifically, depression, anxiety, and stress — in humanities students and people living with HIV.

**Methods:** Data were collected from January to July 2021 through a Google form. The sample comprised 35 humanities students from Russian universities and 59 HIV-positive patients. The WHOQOL-BREF assessed quality of life, while the DASS-21 measured levels of depression, anxiety, and stress. Both questionnaires have been adapted for Russian respondents.

**Results:** We found that in the student group, depression was related to physical and psychological well-being ( $r_s = -0.491$ ,  $p < 0.01$ ), self-image ( $r_s = -0.552$ ,  $p < 0.05$ ) and microsocial support ( $r_s = -0.550$ ,  $p < 0.05$ ), and anxiety with physical and psychological well-being ( $r_s = -0.356$ ,  $p < 0.05$ ) and microsocial support ( $r_s = -0.353$ ,  $p < 0.05$ ). In the patient group, physical and psychological well-being was associated with depression ( $r_s = -0.309$ ,  $p < 0.05$ ) and anxiety ( $r_s = -0.269$ ,  $p < 0.05$ ); self-perception was associated with depression ( $r_s = -0.490$ ,  $p < 0.01$ ), anxiety ( $r_s = -0.311$ ,  $p < 0.05$ ) and stress ( $r_s = -0.361$ ,  $p < 0.05$ ); microsocial support — with depression ( $r_s = -0.381$ ,  $p < 0.01$ ), anxiety ( $r_s = -0.260$ ,  $p < 0.05$ ) and stress ( $r_s = -0.322$ ,  $p < 0.05$ ); social well-being — with depression ( $r_s = -0.360$ ,  $p < 0.01$ ), anxiety ( $r_s = -0.426$ ,  $p < 0.01$ ) and stress ( $r_s = -0.334$ ,  $p < 0.05$ ).

**Conclusions:** The study revealed distinct patterns in the relationship between life quality and emotional states across groups during the COVID-19 second wave in the Russian Federation. Among students, life quality, especially physical and psychological well-being, was associated with depression and anxiety but was notably independent of stress. Social well-being (including material security, health environment, leisure, and access to medical care) remained stable and unlinked to their emotional state. Among people living with HIV, almost all life quality domains correlated with depression, anxiety, and stress. This group displayed heightened vulnerability to emotional distress, affecting their self-perception, social interactions, and sense of security, thus underscoring the pandemic's amplified impact on this group's mental health.

**Disclosure of Interest:** None Declared

## EPV1308

### Level of Asthenia and Life Quality among Students during the COVID-19 Second Wave in the Russian Federation

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**Introduction:** The COVID-19 pandemic significantly impacted the population in Russia, particularly students, who were forced to radically restructure their daily lives rhythm due to the introduction of distance learning, more homework, increasing the share of self-education. These factors could provoke the emergence of a particular psychopathological syndrome — asthenia, which is characterised by general and mental weakness, increased exhaustion, irritability, decreased productivity of cognitive processes, decreased motivation, sleep disorders and other psychosomatic disorders. These symptoms, in turn, could be associated with changes in the student's quality of life.

**Objectives:** The study aimed to assess the level of asthenia among students in humanities programs and to examine the relationship between asthenia indicators and quality of life.

**Methods:** Data collection was conducted from January to April 2021 through a specially developed Google form. Thirty-five students at the universities of the Russian Federation took part in the study. We used MFI-20 to assess the level of asthenia, and WHOQOL-BREF to study the life quality. Both questionnaires were adapted for Russian-speaking respondents.

**Results:** We found that 31% of respondents had symptoms of general asthenia, 29% had symptoms of decreased activity, 26% had symptoms of decreased motivation, 71% had symptoms of physical asthenia, and 26% had symptoms of mental asthenia. No statistically significant correlations were found between asthenia manifestations and life quality indicators. However, significant direct correlations were obtained between all quality-of-life domains, except for “microsocial support” and “social well-being”. **Conclusions:** In the conditions of the COVID-19 second wave, most students in Russia demonstrated physical asthenia symptoms. Asthenia manifestations were not related to the student's life quality. Students in the pandemic conditions should observe the sleep, rest regime and optimal physical activity. Among students in Russia, the microsocial aspect of life quality (relations with partners, sexual life, relations with friends) are fairly detached from the broader social context (e.g. everyday life safety, healthy physical environment, and so on).

**Disclosure of Interest:** None Declared

## EPV1310

### Time to discontinuation in routine clinical practice of the initially prescribed antipsychotic treatment in patients with first-episode psychosis

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**Introduction:** The CLUMP (CLinical Utility of early intervention including the 5-Step Precision Medicine (5SPM) Method) project is a translational research initiative that aims to improve adherence to antipsychotic (AP) medications and therapeutic outcomes in patients with first-episode psychosis (FEP). CLUMP seeks to apply an early intervention model of Personalised Precision Psychiatry, based on pharmacogenetics, to this clinical group. In this specific analysis, we examine time to discontinuation of the first prescribed oral AP treatments before the implementation of the CLUMP project in Salamanca, Spain, in order to determine the impact the new Personalised Precision Psychiatry model might have on it. Indeed, given the high AP treatment discontinuation rates already identified in pragmatic, randomised controlled trials including FEP patients, these data would offer additional information about such rates in real-world clinical scenarios.

**Objectives:**

- 1. To assess time to discontinuation for the first prescribed oral AP treatments in FEP.
- 2. To identify specific AP with higher retention rates, which might reflect better tolerability and/or effectiveness.

**Methods:** This study includes a consecutive, retrospective cohort of 42 patients with FEP treated immediately before the CLUMP project implementation, who were followed for at least one year. Kaplan-Meier survival analysis was used to assess AP time to discontinuation during the first year post-treatment initiation.

**Results:** Table 1 (Image 1) summarises median times to discontinuation and confidence intervals (CIs) for each AP. Survival curves (Image 2 and 3) depict treatment retention trends. The overall median time to discontinuation was 36 days (95% CI: 25-153 days), suggesting an overall high early AP treatment discontinuation. Results also showed very high variability across AP, with Paliperidone (264 days) and Risperidone (72 days) having longer retention times. However, most of the sample was initiated on Risperidone (71.2%), which affects the generalisability of these results.

Image:

Antipsychotic	n	Events (Discontinuations)	Median Time to Discontinuation (days)	95% CI Lower (days)	95% CI Upper (days)
Overall (All)	42	38	36	25	153
Aripiprazole	2	1	32	32	NA
Aripiprazole + Risperidone	1	1	69	NA	NA
Haloperidol	2	2	20,5	16	NA
Olanzapine	4	4	6	3	NA
Paliperidone	2	2	264	226	NA
Quetiapine	1	1	28	NA	NA
Risperidone	30	27	72	27	277

Image 2:

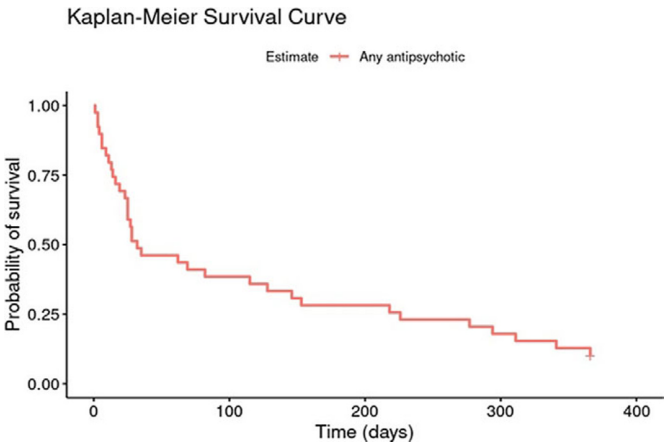
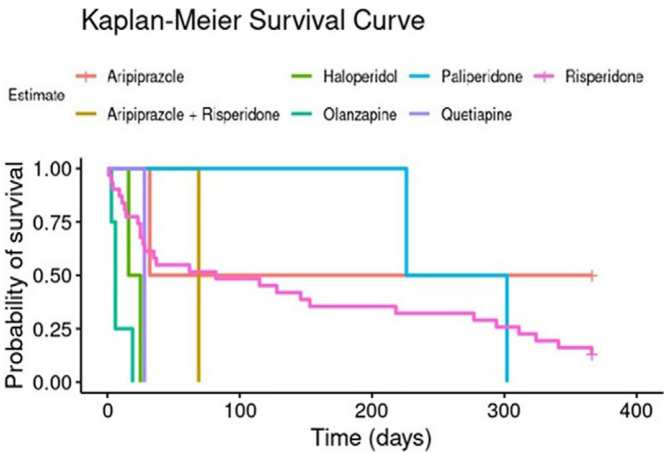


Image 3:



**Conclusions:** Concurring with previous randomised controlled trials, we identified a high rate of early AP treatment discontinuation in FEP treated in routine clinical practice. For most patients, the first prescribed AP was discontinued within the first month post-treatment initiation. These results emphasise the need for a more personalised AP treatment choice for patients with FEP.

**Disclosure of Interest:** None Declared