

Introduction: Vitamin D deficiency is a significant problem that affects the population living in most countries. This issue is independent of place of residence, gender, age or skin color. It is mainly influenced by the climate we live in and anti-healthy lifestyle, including bad eating habits.

Objectives: The aim of the study was to evaluate lipid profile, glucose level, vitamin D level, taking into account sociodemographic variables, smoking and alcohol consumption. The study also included assessment of depression taking into account sociodemographic variables and vitamin D levels in perimenopausal women.

Methods: The study was conducted in a group of 191 women. The study consisted of two stages. The first part was carried out by means of a diagnostic survey with the use of questionnaire technique. The survey form consisted of two parts: a questionnaire that included questions about sociodemographic data and selected medical information, and the Beck Depression Inventory. The second stage of the study involved the collection of peripheral blood from each respondent in order to determine lipid profile, glycemia and serum vitamin D levels.

Results: The age of the female respondents ranged from 45 to 65 years, mean age was 53.1 ± 5.37 years, median 53 years. Vitamin D result was below normal in 78%. 77% had elevated total cholesterol levels. 91.6% of the respondents had HDL fraction cholesterol levels within the normal range. On the other hand, 64.4% were characterized by too high LDL fraction cholesterol and 84.8% of women showed normal triglyceride levels. Among the respondents, 91.1% had normal glycemic levels. Analysis of collected data showed a weak negative correlation between serum vitamin D concentration and concentrations of: total cholesterol ($\rho = -0.14$; $p = 0.05$), LDL fraction cholesterol ($\rho = -0.16$; $p = 0.026$) and triglycerides ($\rho = -0.22$; $p = 0.002$) of the examined women. Only in the case of HDL fraction cholesterol ($p = 0.067$) there was no statistically significant correlation. There was also no statistically significant correlation between serum vitamin D levels and glycemia and severity of depression ($p = 0.152$).

Conclusions: Most of the women studied did not manifest depressive disorders. Of the various factors affecting the severity of depression, only education was associated with depression severity. Smoking adversely affects serum vitamin D concentration in the examined women.

Cessation of menstruation influenced carbohydrate metabolism and vitamin D concentration. Blood glucose concentration increased with the age of the studied women.

There was a relationship between vitamin D concentration and values of total cholesterol, LDL fraction cholesterol and triglycerides. Therefore, considering the biological functioning of the studied women, it is important to maintain normal vitamin D levels.

Disclosure of Interest: None Declared

EPV0667

Assessment of treatment adherence in liver transplant patients in relation to levels of depression, anxiety, disease acceptance and social support

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doi: 10.1192/j.eurpsy.2025.1366

Introduction: Nonadherence in transplantology stands for a not cooperating patient in terms of taking medication, having the laboratory, and imaging tests taken, missing appointments, not following dietary and lifestyle recommendations related to smoking tobacco, drinking alcohol, and other high-risk behaviours. Factors of not following therapeutic recommendations in patient after liver transplantation are high costs, psychiatric disorders, convictions regarding harmfulness of the immunosuppressive medicine and its side effects as well as rejection episodes, infections, stress related to suffering from a chronic disease and inadequate social support.

Objectives: The aim of this study was to assess the adherence to therapeutic recommendations in patients after liver transplantation including the level of depression, anxiety, degree of acceptance of the disease and social support.

Methods: Study was carried out among 112 respondents after liver transplantation. The Delphi method was used and the following standardised tools were used: ISSB, AIS, BDI, STAI X-1 and X-2 as well as a questionnaire form regarding sociodemographic data.

Results: An average level of adherence to therapeutic recommendations was on an average level (6.8 ± 1.85). A statistically significant positive correlation between disease acceptance and following therapeutic recommendations was observed ($r = -0.20$, $t = -2.040$; $p = 0.044$). The adherence to recommendations increased with growing disease acceptance. Six factors were distinguished from the analysed predictors which in a relevant way influenced the level of adherence to therapeutic recommendations in the group of patients after liver transplantation. Regression model consisting of six independent variables explains 55% of variation of the dependent variable ($r^2_{corrected} = 0.55$, $F(6, 98) = 22.127$; $p < 0.001$). Such positive factors include always following recommendations ($\beta = -0.23$; $p = 0.002$) and seeking various sources of information ($\beta = -0.34$; $p < 0.001$), while negative ones constituted of illness duration ($\beta = 0.18$; $p = 0.008$), experiencing side effects ($\beta = 0.40$; $p < 0.001$), suffering from concomitant diseases ($\beta = 0.40$; $p < 0.001$).

Conclusions: Patients who have accepted their disease constitute a group that adheres to therapeutic recommendations to a lesser extent.

The main factors affecting adherence to therapeutic recommendations are the search for other sources of information and declarative adherence to therapeutic recommendations. Negative predictors: duration of disease, experiencing adverse effects of treatment, and comorbidities.

The way in which a physician communicates to the patients after liver transplantation the information about the results indicating that the medications were taken irregularly significantly more often influenced not following therapeutic recommendations which might suggest an unintended non-adherence.

Disclosure of Interest: None Declared

EPV0668

The relationship between adherence, life satisfaction, and acceptance of illness among patients with mood disorders

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doi: 10.1192/j.eurpsy.2025.1367

Introduction: Mood disorders are among the most prevalent and debilitating mental conditions in worldwide populations. Non-adherence to treatment recommendations may have serious consequences for patients with mood disorders. There are several methods to show whether the patient cooperates with the doctor and follows his recommendations, or whether he or she skips the prescribed doses of medications. These include objective methods, such as detecting the drug in the blood, urine or saliva by analysis or special markers, pill counting, electronic monitoring, and an electronic record of filled prescriptions. Subjective methods involve assessment of the patient, medical staff, and those in the patient's immediate environment. The most commonly used subjective methods are an interview, filling out a questionnaire, and assessment by health care professionals and the patient's relatives. The problem arises when the patient inadvertently skips medications, which makes it difficult to assess adherence. This may be due to the severity of the disease and poorer cognitive function, and sometimes a change in daily routine.

Objectives: The aim of the study was to identify factors influencing life satisfaction, disease acceptance and therapeutic adherence among people with mood disorders.

Methods: This survey-based study included 103 people with mood disorders. It was performed using the author questionnaire, and standardized research tools, namely: the Adherence to Refills and Medication Scale (ARMS), the Acceptance of Illness Scale (AIS), the Beck Depression Inventory (BDI), and the Satisfaction with Life Scale (SWLS).

Results: The level of life satisfaction decreased with an increase in the severity of depressive symptoms ($\beta_{std.} = -0.665$, $p < 0.001$). Mood disorder patients with more severe depressive symptoms had significantly higher scores on the adherence scale ($\beta_{std.} = 0.290$, $p = 0.003$). Patients with higher levels of depressive symptoms showed a lower level of acceptance of the disease ($\beta_{std.} = -0.215$, $p < 0.001$).

Conclusions:

1. The dosage of medications taken, and the severity of depressive symptoms determine life satisfaction of people with mood disorders.
2. Respondents with greater severity of depressive symptoms scored higher on the adherence scale, which means that they were more likely to be non-adherent to treatment recommendations. The type of mood disorder may affect patient adherence. Subjects with bipolar disorder showed higher and those with anxiety-depressive disorder—lower adherence than patients with depression.
3. Subjects with more severe depressive symptoms showed a lower degree of acceptance of the disease.

Disclosure of Interest: None Declared

EPV0669

Selenium as a factor moderating depression and obesity in middle-aged women

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doi: 10.1192/j.eurpsy.2025.1368

Introduction: Selenium seems to have the ability to alleviate inflammatory signaling path-ways. Obesity is associated with chronic low-grade inflammation. Depression is also defined as an inflammatory disorder. PPAR- γ has been shown to have antidepressant-like effects. The levels of inflammatory cytokines that are parameters associated with obesity—are also related to the severity of depression. Studies confirm an increased risk of depressive symptoms in middle-aged women. Therefore, it seems reasonable to consider the influence of selenium, PPAR- γ , and selected proinflammatory cytokines in the context of obesity and depression among middle-aged women.

Objectives: The aim of this study was to evaluate the effect of serum selenium on PPAR- γ and selected proinflammatory cytokines (IL-1 β , IL-6, TNF- α) in relation to depressive symptoms and obesity in middle-aged women.

Methods: The study sample included 443 middle-aged women living in north-western Poland. The research procedure: a survey performed using the authors' questionnaire and the BDI, anthropometric measurements, and analysis of blood for the levels of selenium, cytokines, and genetic analysis of the PPAR- γ polymorphism.

Results: It has been found that BMI increases along with the concentration of IL-6. No moderating effect of selenium was observed, although cut-off values for "p" were established for IL-1 β Se ($p=0.068$) and IL-6*Se ($p=0.068$), so there is a potential association with these two markers. At high selenium levels, the effect of higher IL-1 β levels on a decrease in BMI was stronger. So was the effect of an increase in IL-6 levels on an increase in BMI.

Conclusions: No effect of selenium on PPAR- γ has been found in relation to depressive symptoms and obesity. 2. Higher selenium levels may have a beneficial effect on BMI even at high IL-6 concentrations, however, at high IL-6 concentrations, this effect was not observed. 3. Selenium levels had no impact on depressive symptoms.

Disclosure of Interest: None Declared

EPV0671

Occupational exposure to anesthetic agents and mental health among anesthetic technicians

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doi: 10.1192/j.eurpsy.2025.1369

Introduction: Exposure to anesthetic agents (AA) has long been a subject of concern, both for patients and healthcare workers. Recent studies highlighted potential associations between a prolonged exposure and healthcare concerns, including psychological effects such as depression.

Objectives: The aim of this study was to assess signs of depression among anesthetic technicians (AT) and evaluate its associated factors.

Methods: We conducted a cross-sectional study among AT in two University Hospitals in Sfax, Tunisia, between January and July