EPP399

Modifiable Risk Factors for Perinatal Depression among Women with Family History of Psychiatric Disorders: a nationwide register-based study in Sweden

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Introduction: Perinatal depression (PND) is characterized by depressive episodes with an onset during pregnancy or following delivery. The clinical management of PND is however challenging because patients are often concerned of the potential harm of pharmaceutical therapy on foetus via placenta or breastfeeding. Previous findings have shown that women with a family history of psychiatric disorders (FhPsy) are at high risk for PND. However, no precision prevention strategy has been developed for this high-risk population.
Objectives: To identify risk factors modifying the risk of perinatal depression (PND) among women with a family history of psychiatric disorders (FhPsy).
Methods: We conducted a cohort study of 2,195,838 pregnancies of which 1,236,980 births between 2001-2021 in Sweden. PND was defined as a depression diagnosed, or antidepressant prescribed during pregnancy or within a year postpartum. FhPsy was assessed as any psychiatric disorder diagnosed before pregnancy among biological parents/siblings. Modifiable risk factors, i.e., snuff use and smoking before and during pregnancy, and BMI in early pregnancy and at delivery, were identified from registers. Multivariable logistic regression was used to estimate the OR of PND in relation to FhPsy, modifiable risk factors, and interaction effects.
Results: In total, 94,597 (4.35%) women were diagnosed with PND at a mean age of 31.24 (SD = 5.30) years. Women with a FhPsy had 2.6 higher risk of PND (95% CI 2.58-2.61). All modifiable risk factors were also positive associated with PND (ORs ranged from 0.79 - 2.34). Interaction effects were observed between FhPsy and the modifiable factors (*P*-for-interaction <0.05). Specifically, women with FhPsy using snuff three months prior to pregnancy had 3.54 times higher odds of PND (95% CI 3.54-3.78), compared with women without such history who were non-snuff users. However, the OR was attenuated by 61% among those with FhPsy yet no use of snuff (OR 2.19, 95% CI 2.17-2.23). Similar trends were found for heavy-smoking-to-no-smoking either before or during early pregnancy and for obesity-to-normal-weight either during early pregnancy or at delivery among women with FhPsy, with an OR attenuation ranging from 11% to 58%.
Conclusions: While women with a FhPsy are at risk for PND, modifying risk factors, i.e., smoking or snuff cessation and maintaining a healthy weight, may help lower such odds. Our findings have important implications for informing prevention strategies targeting the high-risk population.

Disclosure of Interest: None Declared

EPP398

Depression Prevalence, Screening, and Treatment Rates in Adolescents with Obesity in Ambulatory Settings

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Introduction: Obesity is a growing problem in several developed countries and has a complex etiology in teenagers. Approximately one-third of children and adolescents in the United States are overweight or obese. However, it is not clear how depression and obesity are screened and treated in the primary care setting for adolescents.
Objectives: This study aims to describe the prevalence, screening, and treatment rates for depression in adolescents in ambulatory settings in the United States.
Methods: Data on 444,080,295 male and female adolescents ages 13-18 were extracted from the 2008-2018 CDC National Ambulatory Medical Care Survey datasets. Adolescents were stratified by weight groups based on CDC guidelines (i.e., body mass index percentile).
Results: Of the adolescents, 16.89% were obese, 13.81% were overweight, 43.39% were normal weight, and 25.91% were underweight. Depression screening rates in adolescents with obesity is 2.89%, overweight is 3.35%, normal weight 3.49%, and underweight is 2.83% (p=0.382). Prevalence of depression in adolescents with obesity is 7.17%, overweight is 6.04%, normal weight is 6.31%, and underweight is 12.14% (p<0.0001). Prevalence of counseling and psychotherapy in adolescents with obese status is 2.70%, overweight status is 2.89%, normal weight is 2.92%, and underweight is 11.27% (p<0.0001). Patients seen by primary care health workers, age, female gender, number of chronic conditions, and increased visits are significant predictors of depression diagnosis in adolescents.
Conclusions: Depression in adolescents who are overweight or obese is under-screened for, under-identified, and under-treated. More mental health counseling and psychotherapy must be offered to those with both depression and obesity.

Disclosure of Interest: None Declared

EPP399

Sports therapy interventions and symptom severity in unipolar depression: an intervention study

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Introduction: Physical activity can be therapeutically effective in the treatment of depressive disorders. There is a need for research in clinical practice both with regard to the framework conditions required for physical activity and whether the implementation of sports therapy under the conditions of everyday care can have an effect on physical fitness and depressive symptoms. This study

therefore examines the effect of sports and exercise therapy in the day-care treatment of unipolar depression.

Objectives:

- treatment of depressive disorders
- implementation of sports therapy under the conditions of everyday care

Methods: Patients with a depressive disorder as their main clinical diagnosis (F32./F33.) who underwent day clinic treatment for 5-11 weeks were included. People in the intervention and control groups completed a minimum of 2.0 and a maximum of 0.5 exercise sessions per week respectively. To investigate the effect of sports and exercise therapy on aerobic performance, the intervention group completed a submaximal, bicycle ergometric step test (PWC test), whereby the heart rate was measured over the individual exercise levels in a pre-post comparison. Furthermore, the change in depression symptoms between the intervention and control group was recorded at admission and discharge from treatment using the BDI-II.

Results: Patients in the intervention group (IG) showed a significantly greater reduction in depression symptoms compared to the control group (CG) (ΔBDI-II; M = - 8, p <.01).

In the pre-post comparison of PWC, IG achieved a significant increase in performance of 7 and 12 watts respectively (p <.05; t-test). Further inferential statistical results are reported.

Conclusions: Regular physical training can lead to a significant improvement in endurance performance and an improvement in depressive symptoms.

Disclosure of Interest: None Declared

EPP400

Examining the Relationship Between Depression, Rumination, and Anxiety: Insights from the DiSCoVeR Trial

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Introduction: The DiSCoVeR trial (The DiSCoVeR Project: Examining the synergistic effects of a cognitive control videogame and a self-administered non-invasive brain stimulation on alleviating depression) is a double-blind, sham controlled, randomized controlled trial (RCT) investigating the feasibility and efficacy of an innovative, self-applied treatment approach for patients diagnosed with major depressive disorder (MDD). The multi-site trial is conducted at three clinical trial sites (Hadassah, Israel; Riga Stradiņš University, Latvia; Ludwig-Maximilian-University, Germany). During the first study visit of this trial data on different patient baseline parameters were gathered including assesment of depressive symptoms, anxiety symptoms and rumination.

Objectives: The aim of this abstract is to examine the relationship between depression, rumination and anxiety in this patient sample. Rumination, often characterized by repetitive, negative thinking, can exacerbate symptoms of anxiety and depression by maintaining and intensifying negative emotional states. This cycle creates a challenging clinical problem making it difficult to break free without targeted interventions.

Methods: This analysis includes baseline data from 106 MDD patients enrolled in the DiSCoVeR trial as of April 2024. Depression severity was assessed using the Montgomery–Åsberg Depression Rating Scale (MADRS), anxiety symptoms were measured using the Generalized Anxiety Disorder Questionnaire (GAD-7), and rumination was evaluated with the Ruminative Response Scale (RRS). Data were analyzed using the Jamovi statistical platform, applying linear regression model to explore the relationship between depression, rumination, and anxiety. All assumptions for linear regression were met prior to analysis.

Results: The mean age of the participants in this study sample ranged from 18 to 63 years old (mean age 33.4 years). 65.7% of the participants were female. Regression analysis revealed a significant positive association between anxiety (GAD-7) and rumination (RRS), suggesting that increased anxiety symptoms are associated with higher levels of rumination (p < .001). However, age and gender were not significant predictors of rumination. While depression (MADRS) was moderately associated with rumination, this effect was not statistically significant. Educational level showed a marginal effect, with university-educated individuals showing higher rumination levels compared to those with professional education.

Conclusions: In this patient sample overall, anxiety (GAD-7 score) was the strongest predictor of rumination, while other factors such as depression, age, and gender did not show significant effects. Education level might have a marginal impact, especially for individuals with university education.

Disclosure of Interest: None Declared

EPP401

Impact of history of esketamine treatment in the current depressive episode on response to iTBS

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Introduction: An increasing number of patients with treatment-resistant depression (TRD) are treated with a novel form of transcranial magnetic stimulation (TMS): the intermittent theta burst stimulation (iTBS). In this retrospective naturalistic study, we analyzed the outcome of iTBS treatment in patients with treatment-resistant depression.

Objectives: To investigate the impact of history of esketamine treatment in the current depressive episode on response to iTBS.