the TEMPS-M (exp(B)=1.066, IC95%=1.017-1.118, p=0.008) and hsCRP (exp(B)=1.090, IC95%=1.012-1.174, p=0.024).
Conclusions: The study suggests the potential transdiagnostic association between low grade inflammation, temperament and suicidal risk in patients affected by mood disorders. Our preliminary findings could support a routine introduction of hsCRP hematic measurement, due to its relatively low cost, for its possible utility as an early trans-diagnostically biomarker for suicidal risk. The findings could also lead to developing a model to identify subjects who may benefit from a combined anti-inflammatory and psychopharmacological treatment strategy during the acute illness phase. A neuroinflammatory approach could further help stage and subtype mood disorder patients in more homogenous samples and investigate short- and long-term treatment implications, clinical course, and prognosis. Further research studies should consider all illness phases and how specific temperament and chronotype may influence treatment response, illness course, and outcomes.

Disclosure of Interest: None Declared

EPV1511

Psychopathological features, neuroendocrine correlates and clinical chemistry markers in bariatric surgery candidates: preliminary assessments

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Introduction: Obesity represents a heterogeneous group of clinical conditions, underpinned by a multifactorial pathogenesis. People affected by severe obesity could be eligible for Bariatric Surgery (BS). Generally, researchers agree on the complex interplay between a variety of biochemical and neuroendocrine factors in determining body weight regulation, as well as on the quite common co-exhibition of severe obesity and psychopathological symptoms. Both obesity and mood disorders resulted as chronic low grade pro-inflammatory states and it has been stressed the relevance of traumatic life events in overweight conditions, but few is known about underlining trajectories and neurobiological correlates. BS candidates have high rates of lifetime psychiatric disorders, supporting a comprehensive assessment of psychopathological and peripheral biomarkers in this population.
Objectives: Aim of this cross-sectional survey was the investigation of possible relationships between hematochemical parameters and specific psychopathological features in a sample of BS candidates.
Methods: Seventy-seven subjects with severe obesity undergoing the BS preoperative multidisciplinary evaluation at the University Hospital of Pisa were investigated. Psychopathological data were obtained by self-report instruments exploring a series of full-blown and sub-threshold symptoms of mood and post-traumatic-stress disorders, as well as for emotional eating features: the *Mood spectrum-self report (MOODS-SR) lifetime*; the *Trauma and Loss Spectrum self-report (TALS-SR) lifetime*; the *Emotional Eating Scale (EES)*. As concerns the biochemical assessment, we considered morning cortisol plasma levels and blood cell counts. Non-parametric Spearman correlations were applied. The statistical threshold was set up at $P \leq .05$.
Results: We found significant negative correlations between cortisol plasma levels measured in the morning and sleep (P=.001) or appetite disturbances (P=.04), as well as total altered mood scores (P=.001). Significant positive correlations emerged between Platelet count and total depression scores (P=.042), appetite disturbances (P=.027), TALS-SR domain 3 score (P=.0069), as well as the anger (P=.006), the anxiety (P=.025) and the total components (P=.015) in the EES. Interestingly, there were significant positive correlations also between Platelets-to-Lymphocytes Ratio and the domains 3 (P=.015) and 4 (P=.025) of TALS-SR questionnaire.
Conclusions: These preliminary correlations suggest that in severe obesity (or, almost, in a subgroup of patients), post-traumatic stress features, mood, sleep and appetite disturbances could be related to a lower basal hypothalamic-pituitary-adrenal axis activity and higher inflammatory parameters, especially those linked to platelet status.

Disclosure of Interest: None Declared

EPV1512

Depressive Symptoms in a Patient with VEXAS Syndrome and Its Relationship with Depression: A Case Study

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Introduction: VEXAS syndrome is a newly recognized multisystem inflammatory disorder characterized by recurrent fevers, skin manifestations, and systemic symptoms, often leading to significant morbidity. While the physical aspects of this syndrome are increasingly documented, the psychiatric implications, particularly depressive symptoms, are less explored. This case study aims to elucidate depressive symptoms in a patient diagnosed with VEXAS syndrome, examine how these symptoms relate to prolonged diagnostic uncertainty, and assess the impact of receiving a definitive diagnosis on the patient's mental health.
Objectives: To evaluate the presence and severity of depressive symptoms in a patient with VEXAS syndrome. To analyze the psychological impact of prolonged diagnostic uncertainty on the patient's mood. To investigate the effect of receiving a definitive diagnosis and a comprehensive treatment plan on the patient's emotional well-being.
Methods: This case report describes a 61-year-old male patient with VEXAS syndrome, admitted for further evaluation of his condition. He presented to the psychiatry service with complaints of low mood and morning asthenia. A thorough psychiatric assessment revealed a history of psychiatric hospitalization 30 years prior and ongoing treatment for an adjustment disorder since 2007. The assessment utilized standardized scales to measure depressive symptoms and documented the patient's emotional state and coping mechanisms throughout his medical journey.
Results: The patient experienced persistent low mood episodes since the onset of organic symptoms in 2019, exacerbated by multiple misdiagnoses and inadequate treatments. After receiving a diagnosis of VEXAS syndrome in July 2023, he reported significant improvements in mood and a reduction in suicidal ideation. He attributed these changes primarily to the clarity provided by the

diagnosis and the development of a new treatment plan, rather than solely to adjustments in his antidepressant medication (sertraline, 100 mg). Although he tolerated the medication well, he emphasized that the sense of being understood significantly enhanced his motivation. Additionally, the patient reported vivid nightmares over the last two weeks but denied current suicidal thoughts.

Conclusions: This case highlights the complex relationship between prolonged diagnostic uncertainty and depressive symptoms in chronic inflammatory diseases like VEXAS syndrome. The findings suggest that a definitive diagnosis and clear treatment strategy are crucial for improving mental health and overall well-being. This underscores the importance of a multidisciplinary approach that prioritizes both physical and psychological needs, enhancing the quality of care for patients navigating such complex conditions.

Disclosure of Interest: None Declared

EPV1513

Probiotics decrease C-reactive protein level in depression depending on basal chronic low-grade inflammation status or antidepressant use – secondary results of the Pro-demet randomized clinical trail

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Introduction: There is a need to search for new treatment options not only for depression but also its concomitant diseases. Particularly, depression and metabolic-health abnormalities often coexist, while inflammation and microbiota imbalance, may play a part in their pathophysiological overlap. Thus, the trials of interventions on the microbiota may result in establishing a safe adjunctive treatment option.

Objectives: The primary aim of this seconadry analysis was to assess the effect of probiotic formulation on inflammatory parameters in adult patients with depressive disorders. The secondary aim was to assess some possible pretreatment determinants of probiotics action towards inflammation, e.g., dietary habits, inflammatory or metabolic status, severity and dimensions of psychiatric symptoms, medications used.

Methods: The parent trial was a two-arm, 60-day, prospective, randomized, double-blind, controlled design. The probiotic formulation contained Lactobacillus helveticus Rosell®-52 and Bifidobacterium longum Rosell®-175. The change in inflammatory parameters (e.g., C-reactive protein, complete blood count-derived markers, tumor necrosis factor-alpha) after intervention alone and in the context of basal lifestyle, psychometric, metabolic, and inflammatory parameters was assessed.

Results: Probiotics significantly decreased CRP levels compared with placebo by 21.3 % (p = .047) with nearly moderate effect size as measured with Cliff's delta (Δ = .249). Rates of CRP-responders (a minimum 50% decrease in CRP level) were non-significantly higher in the probiotic than placebo group (18.0 % vs. 5.26 %, respectively; $\chi 2(1) = 3.20$, p = .074); but the effect size was shown to be clinically meaningful (OR = 3.95; NNT = 7.85). In two-way ANOVA with interaction analysis, probiotics anti-inflammatory action was shown to be favoured by antidepressant use, and higher basal alanine aminotransferase. But, pretreatment chronic low-grade inflammation status counteracted probiotics anti-inflammatory properties.

There were no significant differences in complete blood count-derived parameters, nor in TNF-α levels.

Conclusions: We have found an anti-inflammatory action of probiotics in patients with depression, as shown in the assessment of CRP levels. Additionally, probiotics were revealed to be more effective for inflammation measured by CRP levels when used by subjects with certain pretreatment features. Further studies should be performed to replicate these results.

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Disclosure of Interest: None Declared

EPV1515

Measurements of Vitamin D and inflammation factors in a psychiatric outpatient clinic

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Introduction: Vitamin D is a fat-soluble vitamin that together with parathyroid hormone (PTH) regulates blood calcium and phosphorus levels. Vitamin D also has anti-inflammatory, antioxidant, and neurotrophic properties. It acts through the vitamin D receptor (VDR), which has been found throughout the body, including the nervous system. Its deficiency is associated with various diseases, including depression and schizophrenia. It is estimated that approximately 1 billion people worldwide have vitamin D deficiency, while 50% of people worldwide (4 billion people) are thought to have insufficient levels of vitamin D.

Objectives: The retrospective study aimed to determine whether routine laboratory tests in a psychiatric office/outpatient clinic can find a connection between vitamin D levels and inflammatory parameters such as CRP, leukocytes, and the neutrophil-to-lymphocyte ratio (NLR).

Methods: Data was collected from a psychiatric office/outpatient clinic between the years 2020 and 2023. We included the patients (and their basic data, such as gender, age, diagnosis during treatment) whose laboratory results had vitamin D levels as well as a complete blood count (leukocytes, neutrophils, and lymphocytes) and c-reactive protein (CRP). We calculated the ratio of neutrophils to lymphocytes (NLR) and performed Spearman's correlation, where a p-value of <0.05 indicated a statistically significant change.

Results: Between 2020 and 2023, 88 laboratory tests were conducted in the outpatient office, that included vitamin D levels, of these, 67 had all the necessary data. Vitamin D deficiency was present in 65% of patients. We found that CRP was not sensitive enough for our study, as 83% of CRP values were below 8 mg/L. After performing a correlation between vitamin D levels and leukocytes and NLR, we did not find a statistically significant connection.