

Conclusions: Results from the ESCAPE-LTE will provide evidence for the long-term safety, tolerability and efficacy of ESK-NS as a treatment for pts with TRD.

Disclosure of Interest: None Declared

EPP650

Male Depression – Are gender-related personality traits associated with the severity of depressive symptoms?

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Introduction: Higher prevalence & incidence rates of depressive disorder in women compared with men are among the recurring findings from epidemiologic & clinical studies. The literature suggests that this is not due to a lower need for treatment of depression in men. In the context of the concept 'male depression' (MD), it is often argued that men tend to have so called 'non-typical' depressive symptoms. These symptoms (such as aggressiveness, irritability, alcohol use, risk-taking & antisocial behavior) are rarely considered in the diagnosis of depressive disorders, which may lead to underdiagnosis. With regard to the occurrence of 'non-typical' depressive symptoms and the concept MD, the importance of masculine personality traits is often discussed. The topic of the session is the extent to which gender-related personality traits such as masculine, feminine, androgynous & undifferentiated are associated with the occurrence and severity of 'non-typical' and 'typical' depressive symptoms in women and men with a depressive disorder.

Objectives: The results of a study in a clinical setting will be presented. The aim of the study was to investigate whether above mentioned gender-related personality traits are associated with increased severity of depressive symptoms and whether there are differences between women & men.

Methods: Depressive symptoms (GMDS & BDI II) and gender-related personality traits (GEPAQ) were assessed in female & male patients (≥ 18 years) with an unipolar depressive disorder (ICD-10). Participants were recruited from inpatient settings & day clinics of specialized psychiatric-psychotherapeutic hospitals in Germany. The multicenter study with a cross-sectional design has been completed. Data from the clinical sample were analyzed using multiple linear regression analysis.

Results: Multiple linear regression analysis: criteria variable **GMDS** & predicting variable **GEPAQ (masculine pt)** b-coefficient women = -1.36 (n.s.) & b-coefficient **men** = -1.48 ($p \leq .01$); criteria variable **GMDS** & predicting variable **GEPAQ (feminine pt)** b-coefficient women = .12 (n.s.) & b-coefficient **men** = .79 (n.s.); criteria variable **BDI II** & predicting variable **GEPAQ (masculine pt)** b-coefficient women = -1.72 (n.s.) & b-coefficient **men** = -4.23 ($p \leq .01$); criteria variable **BDI II** & predicting variable **GEPAQ (feminine pt)** b-coefficient women = .95 (n.s.) & b-coefficient **men** = -.24 (n.s.)

Conclusions: Gender-related personality traits are associated with the occurrence and severity of 'non-typical' & 'typical' depressive symptoms. They should be considered in the diagnosis & treatment

of depression. Gender differences have also been identified. In men, the expression of masculine personality traits does not lead to an increase in depressive symptoms, especially not in 'non-typical' depressive symptoms, as was originally thought. Based on these and other recent findings, the concept of MD can be critically discussed.

Disclosure of Interest: None Declared

EPP651

Retrograde autobiographical amnesia following electroconvulsive therapy in patients treated for depression - a mixed-methods systematic review with meta-analysis and thematic meta-synthesis

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Introduction: Electroconvulsive therapy (ECT) is a treatment received by approximately 1.4 million people worldwide annually, depressive disorder being the most prevalent indication. Retrograde autobiographical amnesia (RAA) refers to difficulties in retrieving memories of past events. Despite being the most commonly reported side effect of ECT, its nature, duration and impact on patients' lives remains uncertain.

Objectives: (1) Assessing RAA severity in patients treated with ECT for depression compared with other treatment methods. (2) Assessing RAA severity in patients treated with right unilateral (RUL) vs bilateral (BL) ECT for depression. (3) Assessing overall RAA severity (pre-post effect) following an acute course of ECT. (4) Summarising patients' lived experiences of RAA following ECT for depression.

Methods: This systematic review was registered prospectively with PROSPERO (CRD42024445105). Seven databases were searched for eligible articles. Quantitative and qualitative studies assessing RAA in patients treated with ECT for depression published since 1985 were included. Abstract, full-text screening and data extraction were done in duplicates and independently. Quantitative data were meta-analysed using random effects model and qualitative data were analysed using thematic meta-synthesis.

Results: Of initial 6126 records, 22 quantitative and 20 qualitative studies were included. ECT caused significantly greater RAA compared with other treatments (SMD -0.73, 95% CI -1.31; -0.15, I²=54%, Figure 1). BL treatment caused significantly greater RAA than RUL (SMD -0.29, 95% CI -0.57; -0.01, I²=32%, Figure 2). The pre-post effects were big for RUL (SMD -0.77, 95% CI -1.15; -0.38, I²=93%, Figure 3) and BL ECT (SMD -1.16, 95% CI -1.79; -0.52, I²=93%). The main effect moderator was RAA assessment tool. Few studies reported delayed effects of ECT on RAA. Four analytical themes were identified from qualitative data: (1) Uncertainty regarding the cause, nature and severity of memory loss may cause distress for patients, undermine the quality of information provision and post-ECT care. (2) Ambiguous testimonies – perception of

memory loss often shaped by ECT effectiveness. (3) Returning to ‘normal’ daily life may be a challenging, frustrating and lonely process, which requires developing adaptive coping strategies. (4) Some memories may not come back for years; re-leaning facts about oneself and reshaping own identity may be important steps on the journey to recovery.

Image 1:

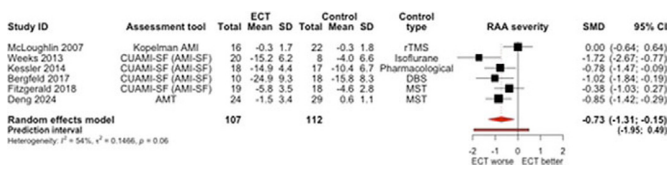


Image 2:

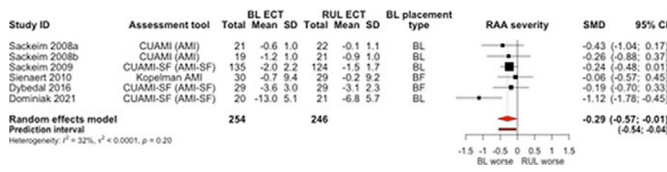
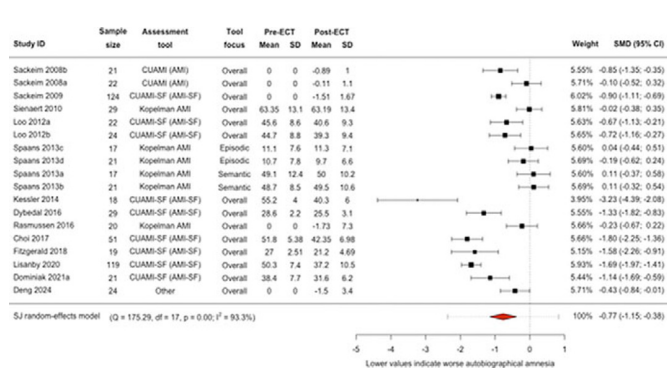


Image 3:



Conclusions: ECT causes more severe (sometimes long-lasting) RAA than other forms of treatment with BL being more harmful than RUL. RAA measurement is not unified hindering identifying technical aspects of ECT, which may impact memory loss. Information provision and post-ECT care could be improved by reducing uncertainty around the nature and severity of RAA.

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EPP653

Rebalancing Life: A “MOBILE” Model for Addressing Mood Instability and Occupational Challenges in MDD

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Introduction: Major Depressive Disorder (MDD) is one of the most well-known causes of disability worldwide. It is characterized by a persistent pattern of low mood, low self-esteem, and loss of interest and pleasure, leading to extensive functional impairment. Another characteristic is emotional dysregulation, leading to mood instability (MI), a frequent and intense fluctuations in emotions over time. MI affects the daily function of people with MDD. MI and daily function difficulties disrupt the ability to manage daily routine, causing impairment in occupational balance (OB) and affecting the resilience and quality of life (QoL) of people with MDD.

Objectives: A preliminary cross-sectional study was conducted to advance the understanding of MI and its relationships to daily function, OB, and QoL in people with MDD.

Methods: “MOBILE” Model Development: Data was collected using various assessments, utilized by Ecological Momentary Assessment (EMA), zooming in on real-life patterns of daily lives of people with MDD. Based on the research findings, a theoretical model, the **Mood-Occupation Balance Reciprocal Model (MOBILE)**, was constructed, presenting the relationships between the variables.

Results: This presentation will showcase the research findings and the reciprocal relationships between study variables, which form the foundation for this model development.

Conclusions: The “Mobile” model addresses the two core components of depression - MI and functional impairment, and explores their relationships to QoL, OB, participation, and personal resilience in people with MDD. The model serves as a platform for building a personalized clinical intervention, which will be tested in further research.

Implications for Future Practice: Currently, most treatments offered for MDD combine pharmacological and psychosocial treatments. Yet, their efficacy in improving functional abilities is limited. The development of the current model, and subsequently the development of a clinical intervention, allows for the expansion of treatment options for people with MDD. In this way, it may assist in reducing the heavy burden of the disease, improve functioning, and prevent recurrence. Additionally, the use of EMA allows for the efficient and accurate collection of data, thereby extending the diagnostic and treatment processes from the clinic to everyday environments.

Disclosure of Interest: None Declared