

We will also present results related to association between clinical factors (namely previous diagnoses and history of use of substances) and the duration of the intervention/discharge plan, in order to know if our results are consistent with the ones from another centers where comorbidity with eating disorders and cocaine use disorder were clinical variables predictors of shorter duration of the intervention.

Conclusions: Understanding the influence of clinical factors and their impact on intervention is essential to enhance this challenging programme to improve the treatment of BPD patients.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

O031

Religion: Coping Mechanism or Stressor? A Study of American Male-Factor Infertility Patients

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Introduction: Seeking treatment for infertility is an emotional process, often provoking symptoms of anxiety and depression in both men and women, especially when treatment fails (Milazzo et al, Plos One; 11). While religion may provide hope and comfort to men with infertility, it may also provoke anguish in those whose religious doctrines restrict certain treatments.

Objectives: The goal of this study is to assess the role of religion in male patients' ability to cope with their infertility.

Methods: An electronic survey was sent to male patients who presented for an infertility visit at an American urology clinic. Using a 4-point Likert Scale, participants reflected on their religion's role in seeking treatment for infertility, their selection of treatment, and their ability to cope with their diagnosis. The Likert Scale results were analyzed utilizing T-tests via SPSS Software to assess answer variations across religions. Written responses were analyzed for common themes.

Results: 73% of respondents (n=288/395) identified with a religion (58.6% Christian, 29.5% Catholic, 11.8% Other Religion). Across all religions, participants reported that religion served as a significantly greater source of coping than of anxiety in their infertility treatment (2.56 vs. 2.03, t-value = 5.64, p-value = <.00001). In comparison with most other religions, Jewish participants (all non-orthodox) were significantly less likely to report their religion having any effect on their coping at all. Among those written responses that attributed their religion with their ability to cope, the most common key words were "prayer," "comfort," and words referring to religious community such as "pastor" (Table 1). Most written responses that indicated their religion had a negative emotional impact stated discomfort with a specific treatment or aspect of the treatment process. Of patients who discussed having disagreed with or gone against their religion's views (7.9%), the majority were Catholic (n=13/17 (76.5%)).

Image 1:

Table 1. Example written responses that attribute religion to coping with male-factor infertility

Key Word	Example Written Response	Religion
Prayer	"Religion . . . has helped with [my] coping ability. Daily prayer includes asking for successful fertility treatment, asking for a healthy baby, and asking for support of my wife during the difficult journey."	Catholic
Comfort	"My religion . . . was more a comforting influence for me and my spouse on the trauma of not easily producing a child."	Protestant Christian
Religious Community	"I believe that God put scientists and pastors here to help us deal with the world situation. Science to open new paths for healing and pastors to help with the emotional upheaval of everyday life."	Nondenominational Christian

Conclusions: Religion appears to be a source of coping more than anxiety for males with infertility. This is perhaps less applicable to non-orthodox Jewish patients. Providers of male-factor infertility treatment should practice sensitivity when presenting infertility treatment options as a minority of patients may experience cognitive dissonance when considering treatment at odds with their religious identity. However, in religious patients struggling with mental health due to their infertility, physicians can encourage spiritual health and connection with religious community.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

O032

High-Definition Transcranial Direct Current Stimulation-Primed Intermittent Theta Burst Stimulation in Treatment of Negative Symptoms of Schizophrenia - A Randomised Sham Controlled Study

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Introduction: Negative symptoms of Schizophrenia (NSS) consists of apathy, avolition, anhedonia, social withdrawal, reduced expression (blunted affect and alogia) and impairments in attention, working memory, or executive function. Unfortunately, treatment effects of conventional approaches with antipsychotics, other

pharmacological agents or psychosocial interventions are limited and have not shown much improvement in reducing negative symptoms. Non-Invasive brain stimulation such as repetitive transcranial magnetic stimulation (rTMS) & high-definition transcranial direct current stimulation (HD-tDCS) offers a novel approach in the treatment of negative symptoms but with no agreed upon treatment protocol. Priming is a technique that can enhance the sensitivity of the brain to therapy using techniques that increase or decrease the excitability of the cortex. Preconditioning TDCS have shown profound impact on the conditioning effects induced by subsequent administration of rTMS in a few studies done in patients with depression. There has been no study assessing the effects of HD-tDCS primed iTBS in Negative Symptoms of Schizophrenia.

Objectives: The aim of this study was to evaluate whether HD-tDCS priming improves the efficacy of intermittent theta burst stimulation (iTBS) in improving the NSS.

Methods: A prospective hospital based randomized controlled study with a sample size of 40, where the participants were divided into Active or Sham HD-tDCS primed iTBS stimulation groups for a total of 20 sessions over two weeks. Assessments on clinical parameters at baseline, end of 2 weeks, and end of 4 weeks were done. Primary outcome of the study was the differences in Positive and Negative Syndrome Scale for Schizophrenia (PANSS) & Scale for Assessment of Negative Symptoms (SANS) scores over 4 weeks of HD-tDCS primed iTBS between the two groups.

Results: There was a statistically significant reduction noted in the mean PANSS & SANS scores across all domains over time up to 4 weeks in both the active and sham groups.

Though there was more reduction in mean scores in total PANSS score as well as across domains, the difference between the two groups was not found to be statistically significant in any of the PANSS score. However, the difference was found to be significant for SANS total score and SANS attention score with score showing more reduction in the active group in comparison to the sham group.

Conclusions: These results suggest that the HD-tDCS primed iTBS had a superior effect specifically on negative symptoms, as reflected in the SANS scores, but not on the broader spectrum of symptoms measured by PANSS, which suggests that priming iTBS with HD-tDCS may prove to be beneficial in reducing the Negative Symptoms of Schizophrenia more effectively than iTBS alone.

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Personality and Personality Disorders

O033

Association between genetic proxies for neuroticism and labour market outcomes

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Introduction: Neuroticism, defined by a tendency to experience negative emotions such as anxiety and irritability, has significant public health implications, affecting both mental and physical health. It is also associated with poor career outcomes, including lower job satisfaction and higher rates of occupational failure, highlighting its importance in understanding labour market disparities. Despite advances in genetics, including insights into genetic background for neuroticism through large genome-wide association studies, the relationship between genetic predisposition to neuroticism and labour market performance remains under-explored.

Objectives: This study examines the association between polygenic score for neuroticism (Nagel et al. *Nat Genet* 2018; 50 920-927) and individual labour market performance over 25 years in Finland. We aim to uncover how genetic predisposition to neuroticism relates to socio-economic outcomes, contributing to a broader understanding of its public health and economic implications.

Methods: Our analysis draws on pooled data from the Finnish Finrisk (1992-2012) and FinHealth (2017) studies, comprising a representative sample of adults aged 25-64 (N=20,121). We integrated genetic, survey and socio-economic registry data. Using probit and semi-structural regression models, we assessed labour market outcomes, with neuroticism polygenic scores as the primary explanatory variable. Controls for socio-demographic factors and genetic principal components were included.

Results: Individuals with higher polygenic scores for neuroticism were found to have lower income, partly through a direct and partly through a mediated association. Higher polygenic risk for neuroticism was linked to a decreased likelihood of completing higher education. Additionally, our study provides novel insights into how elevated polygenic risk for neuroticism was linked to labour market status.

Conclusions: Our findings demonstrate that genetic predisposition for neuroticism is not only associated with educational setbacks but also translates into labour market disadvantages. While the effect sizes are modest, our results suggest that compensatory measures and support may help mitigate the career disadvantages faced by individuals with a higher genetic risk for neuroticism.

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