Image 2:

Category	Count	Percentage
Males	15	41.7%
Females	21	58.3%
Not Using SSRIs	16	44.4%
Using SSRIs	20	55.6%
Not Using SNRIs	24	66.7%
Using SNRIs	12	33.3%
Not on Other Antidepressants	24	66.7%
On Other Antidepressants	12	33.3%
Not on Antipsychotics	13	36.1%
On Brexpiprazole	6	16.7%
On Aripiprazole	7	19.4%
On Olanzapine	3	8.3%
On Quetiapine	6	16.7%
On Amisulpride	1	2.8%
Using Mood Stabilizers	15	41.7%
Not Using Mood Stabilizers	21	58.3%
Using Non-Pharmacological Therapies	16	44.4%
Not Using Non-Pharmacological Therapies	20	55.6%
With Personality Disorder	21	58.3%
Without Personality Disorder	15	41.7%

Conclusions: The study assessed the effects of esketamine on depressive symptoms and reflective functioning (RF) in patients with treatment-resistant depression (TRD) and a 58% comorbidity rate of personality disorders. These findings underscore the potential impact of mentalization on the severity and trajectory of depressive symptoms. The observed correlations indicate that patients with mentalization scores above 3.5 generally report higher levels of depressive symptoms. These results highlight the significant role of mentalization in influencing the severity and progression of depressive symptoms.

Disclosure of Interest: None Declared

EPP392

What are the psychosocial problem areas, needs and resources in people with coexisting type 2 diabetes and schizophrenia? Results of a survey study

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Introduction: People with schizophrenia have a higher prevalence of type 2 diabetes than the background population due to adverse effects from antipsychotics, lifestyle, and genetics.

Objectives: This study aims to explore the illness and treatment burden, mental well-being, and received support for illness management among people with schizophrenia and type 2 diabetes.

Methods: 62 Danish adults recruited from psychiatric outpatient clinics participated in this cross-sectional study using a survey developed for this specific purpose. The survey included measures of burden of illness and treatment (daily impact of diabetes and schizophrenia, multimorbidity treatment burden, diabetes empowerment), mental well-being (general well-being and diabetes distress), and social relations and support (general and illness-specific support). Descriptive analyses of survey data were conducted.

Results: Participants reported very negative daily impact from living with schizophrenia. However, diabetes also negatively impacted physical health, emotional well-being, and feelings about their future. 55% reported high treatment burden, 74% reported low/moderate diabetes empowerment. Approximately 30% had high levels of diabetes distress and 49% reported low general well-being. Half of the participants reported needing support for managing type 2 diabetes equal to schizophrenia.

Conclusions: Living with schizophrenia and type 2 diabetes often involves high burden of illness and treatment, low diabetes empowerment, high levels of diabetes distress and low general well-being. This study highlights a need for engaging mental health professionals, care coordinators, family and friends in daily diabetes management in future interventional studies and clinical practice.

Disclosure of Interest: None Declared

EPP393

Negative and depressive symptomatology in dual psychosis: three-month follow-up comparative analysis

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Introduction: Within the range of psychotic symptoms, negative symptomatology is the one that presents the least effective treatments. Depressive symptoms share characteristics with this symptomatology, making it difficult to distinguish between the two (Edwards *et al.* Psychol.Med. 2019; 1-13). In daily practice, antidepressants are used to treat the negative symptoms of psychosis, due to the absence of therapeutic alternatives.

Objectives: The aim of this work is to analyse the correlation between these symptomatic groups, comparing the effectiveness of treatment with antidepressants during a three-month follow-up.
Methods: Longitudinal and prospective clinical trial on a sample of 127 patients (95 men, 32 women) with dual psychosis (85 with schizophrenia, 42 with schizoaffective disorder), recruited from community or hospital facilities of the Hospital Provincial of Castellon. The mean age was 38.5 years. Antidepressant prescription was analysed at 4 different times, each month during follow-up, with PANSS-N for negative symptoms and MADRS and CDSS for depressive symptomatology.
Psychometric comparisons were made between the intervention group (16 patients with prescribed antidepressants, in therapeutic doses during the three months) and the control group (111 patients).
Results: Regarding the correlation between the 3 scales, we observed that at T0 there is no significant correlation, while at T1, T2 and T3 this correlation is significant ($p<0.01$), as the scores improve. A progressive increase in Pearson's coefficient (PCC) is observed between T1 and T3, emphasizing a higher correlation between MADRS and CDSS (PCC of 0.920 at T3) with respect to PANSS-N and the other two questionnaires (PCC of 0.587 and 0.619 at T3, respectively).
Comparing the means between the scales, there is a significant decrease in MADRS between T0 and T3 (61.8% decrease from baseline, F: 4.49, $p<0.05$), as well as in CDSS (-68.7%, F: 4.53, $p<0.05$). In PANSS-N there are no significant differences (F: 0.57, p: 0.45), despite a relative decrease of 51.9%.
Considering clozapine prescription, there is a significant decrease in MADRS and CDSS during the first month, with no differences in PANSS-N throughout the evolution.
Conclusions: The reduction obtained in the MADRS and CDSS scales can be associated with the prescription of antidepressants, as opposite to the reduction obtained in PANSS-N. This implies that antidepressants do not influence the reduction in negative symptoms, reflecting the clinical impression that the two entities are distinct (despite areas of overlap).
The analysis using clozapine treatment reinforces the existence of a different idiosyncrasy between symptomatic groups. This can be explained at the neurobiological level by the different mechanisms of action involved (monoamine depletion vs. dopaminergic blockade), but keeps the debate open as to how they can be differentiated and treated in clinical practice.

Disclosure of Interest: None Declared

Depressive Disorders

EPP394

Evaluating the Prevalence and predictors of anxiety and depression among elementary and high school educators in Canada.

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Introduction: Globally, anxiety and depression are primary contributors to work disability and are associated with the mental and physical well-being of educators.Anxiety and depressive disorders result in poor mental health, great human misery, enormous loss in economic output and increased public health and economic burden.
Objectives: To determine the prevalence and independent predictors of likely Generalized Anxiety Disorder (GAD) and likely Major Depressive Disorder (MDD) among teachers in Newfoundland and Labrador, Alberta, and Nova Scotia.
Methods: The study utilized a cross-sectional design. Educators in the three Canadian provinces completed an online survey after enrolling on the Wellness4Teachers program, a daily supportive text messaging program. Likely GAD and likely MDD among subscribers were respectively assessed using the Generalized Anxiety Disorder-7 scale and Patient Health Questionnaire-9. Data was analyzed with SPSS version 28.
Results: Overall,763 out of the 1912 subscribers of the Wellness4Teachers program completed the survey, resulting in a 39.91% response rate. The prevalence of likely MDD was 55.7%, and likely GAD was 46.0%. Participants who experience high stress were 7.24 times more likely to experience MDD (OR = 7.24; 95% CI: 4.22–12.42) and 7.40 times more likely to experience GAD (OR = 7.40; 95% CI: 4.63–11.80) than those with mild to moderate stress. Again, participants with emotional exhaustion were 4.92 times more likely to experience MDD (OR = 4.92; 95% CI: 3.01–8.05) and 4.34 times more likely to experience GAD (OR = 4.34; 95% CI: 2.47–7.62) than those who did not. Similarly, respondents with low resilience were 3.01 times more likely to experience likely GAD compared to those with normal to high resilience (OR =3.01; 95% CI: 2.03-7.62). Sociodemographic and work-related variables did not independently predict the presence of likely GAD and likely MDD.
Conclusions: The current study reinforces the need for governments and policymakers in the education sector to implement appropriate and comprehensive mental health support programs to address the unique stressors faced by educators, reduce emotional exhaustion and improve resilience as a way to reduce anxiety and depression, promote their well-being and enhance the quality of educational delivery.

Disclosure of Interest: None Declared

EPP395

Multimodal MRI Analysis of Brain Metrics Associated with Depression Remission

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Introduction: Treatment-resistant depression is particularly challenging in individuals with a history of suicide, often associated with lower rates of remission. The antidepressant efficacy of Acceptance and Commitment Therapy (ACT) in individuals with a history of suicide has been demonstrated (Zhao B, et al. Ann Gen Psychiatry 2023;22:34). It is crucial to further understand the underlying mechanisms driving this therapeutic effect.