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Neuroprotective effects of EDTA on manganese-induced neuroaffective disorders: Implications for anxiety and depressive disorders

H. Harifi^{1*}, H. Hami¹ and L. Bikjdaouene¹

¹Laboratory of Biology and Health, Faculty of Science, Ibn Tofail University, Kenitra, Morocco

*Corresponding author.

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Introduction: Manganese (Mn), an essential yet potentially toxic metal found naturally in the environment, has been implicated in various neurodegenerative and neuroaffective disorders due to its propensity for chronic intoxication.

Objectives: This study explores the neuroprotective effects of Ethylenediaminetetraacetic acid (EDTA) against Mn-induced toxicity, with a specific focus on its potential to mitigate anxiety and depressive disorders.

Methods: Three groups of male Wistar rats were used: one group was injected with 25 mg/kg Mn, another with 25 mg/kg Mn plus 4 mg/kg EDTA, and the control group received NaCl. Injections were administered intraperitoneally daily for 12 weeks. Rat weights were monitored weekly, and following the exposure period, rats underwent a series of neurobehavioral tests to assess anxiety and depressive behaviors.

Results: Rats receiving the 25 mg/kg Mn dose alone exhibited increased immobility in the forced swimming test (FST) and anhedonia in the sucrose preference test, indicative of depressive behaviors. In contrast, rats treated with Mn and EDTA displayed significantly reduced immobility times and maintained normal sucrose water consumption. Behavioral tests, including the open field test (OFT) and elevated plus maze (EPM), indicated increased anxiety in Mn-exposed rats, which was mitigated by EDTA treatment.

Conclusions: Mn exposure induces anxiety and depressive disorders in rats, but coadministration of EDTA significantly mitigates these effects, suggesting its potential as a neuroprotective agent against Mn toxicity.

Disclosure of Interest: None Declared

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Eye movements predict treatment response in children and adolescents with social anxiety disorder

J. L. Kleberg^{1*}, M. Cervin², M. Nord³, E. Serlachius² and J. Högström⁴

¹Department of Psychology, Stockholm University, Stockholm;

²Department of Clinical Sciences, Lund University, Lund;

³Department of Public Global Health and ⁴Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

*Corresponding author.

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Introduction: Response to treatment in pediatric social anxiety disorder (SAD) is highly variable. Atypical face processing has been suggested as a maintaining factor. A previous study reported that youth with SAD scan a more restricted area of faces than healthy controls during emotion recognition, potentially interfering with social cognition.

Objectives: The current study examined whether visual scanning and arousal (pupil dilation) also predicts treatment response and changes as a function of successful treatment.

Methods: Youth with SAD (n = 55) were assessed prior to treatment with internet-delivered cognitive behavioral therapy (ICBT) or supportive therapy (ISUPPORT) and three and twelve months after treatment.

Results: Restricted scanning of faces predicted worse treatment outcome, most consistently for youth receiving ICBT. No evidence for a change in social attention after treatment was found. Instead, visual social attention measures showed moderate to high stability. Children whose arousal decreased from baseline to three months follow up were most likely to benefit from ICBT rather than ISUPPORT, pointing to a role of arousal in treatment response.

Conclusions: Restricted scanning of faces may interfere with social interaction, thereby interfering with treatment. These results have implications for our understanding of social information processing in SAD.

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Formation model of anxiety disorders in internally displaced persons in war context in Ukraine

H. Kozhyna^{1*}, K. Zelenska¹, L. Gaichuk¹, S. Isaenko² and A. Nartova¹

¹Department of Psychiatry, Narcology, Medical Psychology and Social Work, Kharkiv National Medical University, Kharkiv and ²Mental Health Clinic by Dr. Isaenko, Kyiv, Ukraine

*Corresponding author.

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Introduction: Since the beginning of the full-scale war with Russia, 7.7 million Ukrainians have been forcibly displaced from their homes and are currently living in internally displaced persons (IDP) camps. According to the International Organization for Migration (IOM), the proportion of IDPs in Ukraine's total population has reached 17.5%, indicating that one in six individuals has been displaced.

Objectives: The purpose of the study is to investigate the clinical, psychological and pathological patterns of anxiety disorders of psychogenic genesis. The main group consisted of 93 IDP patients with anxiety disorders, both sexes, aged 20-55 years.

Methods: SCL-90-R; HAM-A, HAM-D; Spielberger-Khanin Scale and Questionnaire of neuropsychological stress by T.A. Nemchin.

Results: It has been established that the clinical structure of anxiety disorders in the examined patients is represented by a mixed anxiety-depressive reaction (28.2±1.2% of the examined), panic disorder (36.4±1.3%) and generalised anxiety disorder (35.4±1.3%). At the same time, in the clinical structure of anxiety disorders in IDPs, along with the dominance of anxiety symptoms, there is a high severity of depressive manifestations. Based on data obtained in the course of our research, a multifactorial model of formation of anxiety disorders in IDPs was developed. The catalyst for anxiety disorders is the very fact of forced displacement, uncertainty of future, situations of loss, effects of combat stress, information stress and situations of increased responsibility.

High levels of anxiety, somatisation, depression, obsessive-compulsive disorders, interpersonal sensitivity, and phobic anxiety according to SCL-90-R scale are prognostically significant in formation of anxiety