

factors on the occurrence of recurrent depression (RD). The study can be informative in predicting the risk of the RD occurrence RD. Therefore, studies related to this problem are designed to identify the specificity “familial” forms of RD.

Objectives: To study the influence of hereditary factors on the RD formation.

Methods: Clinical-psychopathological, clinical-genealogical, statistical.

Results: Based on the clinical and genealogical data study, a statistically significant excess of the individuals with psychiatric disorders proportion in the main group (108 patients with RDD whose family history included relatives with depression, main group) was found: The percentage of individuals on psychiatric registry (18%, CI: 14.5-22.1) was 15 times higher than the control group (46 individuals without RDR in the pedigree) ($p < 0.05$), individuals with depression (33%, CI: 28.5-37.8) were 7.3 times higher ($p < 0.05$), suicides (7.9%, CI: 5.6-11.0) were 4.2 times higher ($p < 0.05$), cases of alcohol dependence (25.6%, CI: 21.6-30.2) were 1.8 times higher ($p < 0.05$). In the main group family tree examinees, this pathology occurred most frequently in I and II degree of kinship relative. When comparing heredity factors with peculiarities of the RD course, we found a specific weight in correlations of such factors as: depressive disorders predominantly in first-degree relatives ($p \leq 0.005$), suicidal behavior in first- and second-degree relatives ($p \leq 0.005$).

Conclusions: The findings should be taken into account in diagnostic and preventive measures.

Disclosure: No significant relationships.

EPP0057

Virtual Reality Cognitive Remediation for Mood disorders: RCT pilot study

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doi: 10.1192/j.eurpsy.2022.391

Introduction: Mood disorders interrupt well-being and participation in everyday activities through, among others, a mechanism of cognitive impairments. Ample evidence was found for cognitive remediation (CR) effectiveness in various mental health conditions. However, its contribution to improvement of functional outcomes in mood disorders was little investigated. Virtual Reality (VR)-based CR has a potential to overcome limitations by enabling training on daily-life tasks in ecological environments.

Objectives: Test the effectiveness of VR-based vs standard CR for improvement of cognition, functional capacity and participation in daily-life activities in mood disorders.

Methods: Twenty-two individuals (female: N=13, 59.1%; Age: M=39, SD=13.4) diagnosed with major depression or bipolar

disorder were randomly assigned either to the standard or VR-based CR. The participants completed 6 half-an-hour sessions using the Functional Brain Trainer (Intendu®), a body-controlled, adaptive tool for training of inhibition, planning, working memory, shifting, self-initiation, persistence, and attention in functional tasks and environments. Standard assessments were used to evaluate cognition, functional capacity, mood symptoms and participation dimensions in pre-post design.

Results: VR-based CR contributes to improvement in memory, executive functions and construction ($2 < Z < 2.23$, $p < .05$), functional capacity ($Z = -2.44$, $p < .01$) and satisfaction with participation ($Z = -1.9$, $p < .01$). Standard CR contributes to executive functions ($Z = 2.33$, $p < .05$), and functional capacity ($Z = -2.35$, $p < .05$).

Conclusions: This study provides initial evidence for contribution of CR to functional outcomes in mood disorders, with advantages of VR-based modality, suggesting the potential of CR to improve treatment outcomes and well-being in this population. Larger, controlled trials are needed to further expand evidence for VR-based CR effectiveness.

Disclosure: No significant relationships.

Keywords: Everyday functioning; Mood disorders; Cognitive remediation

EPP0058

Early-Onset Depression Is Associated With Specific Neurovegetative Symptoms

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doi: 10.1192/j.eurpsy.2022.392

Introduction: The age at onset of depression is not only an important clinical predictor of the further disease course, but also a robust marker, reflecting the genetic impact on depression risk.

Objectives: This study aimed to find whether early-onset depression had an association with specific clinical symptoms, comorbid psychiatric disorders and family history of mood disorders.

Methods: This pilot cross-sectional, multicenter study was performed under the supervision of the Russian National Consortium for Psychiatric Genetics. Early-onset depression was defined as the first depressive episode before the median age of onset in the sample ($M_e=29$ years). Logistic regression models were used to determine the independent association of early-onset depression, after adjusting for the effects of sex and age, with binary characteristics.

Results: A total of 172 patients with depression were enrolled in the study (64.5% women; age - 40.9 (15.9) years). Early-onset depression was associated with psychomotor retardation ($p=0.025$; $OR=2.3$; 95%CI [1.1 - 4.9]), decreased libido ($p=0.014$; $OR=2.8$; 95%CI [1.2 - 6.2]), and lower prevalence of weight loss/decreased appetite ($p=0.011$; $OR=0.4$; 95%CI [0.2 - 0.8]). No associations were found with the history of comorbid psychiatric disorders and the family history of mood disorders.

Conclusions: Early-onset depression is associated with specific neurovegetative symptoms. Further clinical and genetic studies are needed to evaluate the specific effects of age at onset of depression on its clinical course.

Disclosure: Research is supported by an RSF grant №20-15-00132.

Keywords: Depression; Family history; age at onset; Neurovegetative Symptoms

EPP0059

Mentalizing abilities and serum lipid levels in adult MDD patients with childhood maltreatment – preliminary results

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doi: 10.1192/j.eurpsy.2022.393

Introduction: Childhood maltreatment (CM) contributes to negative mental and physical health outcomes including major depressive disorder (MDD), and an elevated risk for cardiovascular disease (CDV) in adults. Also, childhood maltreatment can be related to mentalizing deficits in MDD. Cardio-metabolic diseases often coincide with MDD and worsen its course and outcome. Little is known on the interplay of these factors.

Objectives: We examined MDD patients with and without CM to explore the effects of CM on serum lipid and lipoprotein levels and assessed their mentalizing abilities. Self-oriented mentalizing was operationalized as emotional self-awareness/alexithymia, other-oriented mentalizing was defined as theory of mind (ToM).

Methods: MDD patients ($N=42$) and healthy controls ($n=20$) matched in age, sex, and lifestyle were investigated. Total cholesterol, triglycerides, high- and low-density lipoproteins (HDL-C and LDL-C), body mass index, and exercise in a typical week were measured. Beck Depression Inventory, Childhood Trauma Questionnaire, Toronto Alexithymia scale, and the Reading the mind in the Eyes Test were used to assess clinical symptoms, mentalizing abilities and CM.

Results: After controlling for depressive symptom severity, demographic and lifestyle variables, CM was found to be a strong predictor of serum lipid alterations. Mentalizing deficits correlated with CM. Serum triglycerides, HDL-C were significant predictors of ToM performance ($P<0.05$, and $P=0.005$) and alexithymia ($P<0.05$, and $P<0.05$) in the MDD group.

Conclusions: Several, inter-correlated pathways may mediate the undesirable effects of CM on the course and outcome of MDD. According to our preliminary results, diminished self-awareness and ToM can be possible mediating factors.

Disclosure: This work was financially supported by the Hungarian Brain Research Program (2017-1.2.1-NKP-2017-00002)

Keywords: major depressive disorder; childhood maltreatment; mentalizing; serum lipid levels

EPP0060

Cognitive impairment and frailty in depressed elderly

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doi: 10.1192/j.eurpsy.2022.394

Introduction: Cognitive frailty has recently been defined as the co-occurrence of physical frailty and cognitive impairment. Late-life depression (LLD) is associated with both physical frailty and cognitive impairment, especially processing speed and executive functioning.

Objectives: The objective of this study was to investigate the association between physical frailty and cognitive functioning in depressed older persons.

Methods: A total of 378 patients (>60 years) with depression according to DSM-IV criteria and a MMSE score of 24 points or higher were included. The physical frailty phenotype was examined as well as its individual criteria (weight loss, weakness, exhaustion, slowness, low activity). Cognitive functioning was examined in 4 domains: verbal memory, working memory, interference control, and processing speed.

Results: Of the 378 depressed patients (range 60-90 years; 66.1% women), 61 were classified as robust (no frailty criteria present), 214 as prefrail (1 or 2 frailty criteria present), and 103 as frail (>3 criteria). Linear regression analyses, adjusted for confounders, showed that the severity of physical frailty was associated with poorer verbal memory, slower processing speed, and decreased working memory, but not with changes in interference control.

Conclusions: Physical frailty in LLD is associated with poorer cognitive functioning, although not consistently for executive functioning. Future studies should examine whether cognitive impairment in the presence of physical frailty belongs to cognitive frailty and is indeed an important concept to identify a specific subgroup