European Psychiatry S675

¹School of Medicine, University of São Paulo, São Paulo; ²Psychiatry Outpatient Clinic, Integrated Medicine Service, Jacareí; ³Vila Tesouro Basic Health Unit, São José dos Campos; ⁴Foundation of Health and Assistance, Caçapava; ⁵São Paulo Association for the Development of Medicine, São Paulo, Brazil; ⁶Lancaster University, Lancaster, United Kingdom; ⁷University of the Joinville Region, Joinville; ⁸School of Medicine, Pontifical Catholic University of Rio Grande do Sul, Porto Alegre; ⁹Afya College of Medical Sciences of Santa Inês, Santa Inês, Brazil; ¹⁰Department of Psychiatry and Behavioral Sciences at McGovern Medical School; ¹¹Center for Interventional Psychiatry, Faillace Department of Psychiatry and Behavioral Sciences, McGovern Medical School, The University of Texas Health Science Center at Houston, Houston, United States and ¹²Università degli Studi di Milano, Milan, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1374

Introduction: Major Depressive Disorder (MDD) affects up to 20 million people worldwide over their lifetime. 30% will not attain lasting symptom relief even after multiple treatment attempts. Mindfulness-based interventions (MBIs) have recently been added as adjunctive therapy for MDD. However, their efficacy as adjunctive therapy for difficult-to-treat depression (DTD) remains unclear.

Objectives: This systematic review and meta-analysis sought to evaluate the efficacy of MBIs in treating DTD.

Methods: We conducted a search of MEDLINE, Embase, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trials, the World Health Organization International Clinical Trials Registry Platform, and ClinicalTrials.gov. No restrictions on language or publication date were enforced. We included randomized controlled trials that compared MBIs with usual care or other treatments for unipolar DTD. In this context, DTD refers to the inability to achieve full remission of depressive symptoms despite receiving an adequate course of antidepressant medication. When a sufficient number of studies were available for the outcome analysis, we employed a random-effects model to address the variability between interventions. For outcomes based on a smaller number of studies, we used a fixed-effects model. Additionally, we performed influential and subgroup analyses to investigate the data further. To assess the risk of bias, we utilized the Risk of Bias 2 tool.

Results: Eight studies met our inclusion criteria, comprising 449 participants (mean age = 42.6, predominantly female). The MBIs evaluated included mindfulness-based cognitive therapy, breathing-based meditation, and dialectical behavior therapy with mindfulness components. We found that adjunctive MBIs significantly reduced depressive symptom severity, with an effect size of g = -0.80 (95% CI [-1.32, -0.27], p = 0.0004). Additionally, MBIs caused significant improvements in anxiety (g = -0.57, 95% CI [-0.94, -0.20], p = 0.002) in four studies (n = 126), mindfulness (g = 0.32, 95% CI [0.06, 0.57], p = 0.02) in three studies (n = 243), and psychological well-being (g = 0.66, 95% CI [0.25, 1.07], p = 0.002) in three studies (n = 97).

Conclusions: MBIs demonstrate a substantial benefit for patients with DTD, with a large effect size in reducing depressive symptoms, a medium effect size in improving anxiety and psychological wellbeing, and a smaller effect size in enhancing mindfulness. Their ability to significantly alleviate depressive symptoms and improve overall mental health supports their integration into treatment plans for DTD. However, this review was limited by the small number of eligible studies, small sample sizes, and high heterogeneity between studies. To better understand the effectiveness of MBIs for DTD, larger clinical studies are needed.

Disclosure of Interest: I. Borja De Oliveira: None Declared, L. Robles Rafael: None Declared, M. Kraide Piedade de Abreu:

None Declared, A. Stephany: None Declared, D. Soler Lopes: None Declared, M. Geremias: None Declared, F. Wagner: None Declared, A. de Vasconcelos: None Declared, M. Carbajal Tamez: None Declared, J. Quevedo Shareolder of: Instituto de Neurociencias Dr. Joao Quevedo, Grant / Research support from: LivaNova; and receives copyrights from Artmed Editora, Artmed Panamericana, and Elsevier/Academic Press, Consultant of: EMS, Libbs, and Eurofarma, Speakers bureau of: Myriad Neuroscience and AbbVie., M. Teranishi: None Declared

EPV0678

Depressive disorders after cervical spine injuries in amateur athletes

?. Syrmos¹

¹Aristotle University, Thessaloniki, Greece doi: 10.1192/j.eurpsy.2025.1375

Introduction: Cervical spine injuries are serious traumatic situations with negative effects in the overall health and also in sports performace and health

Objectives: Aim of this study is to present cases of deppresive disorders after cervical spine injurie in amateur athletes

Methods: 12 cases are presented. Range of age between 30 and 40 years old. All of them reported depressive disorders during the post traumatic period after cervical spine injuries mainly during amateur athletic activities

Results: All of them they receive appropriate neurological, psychiatric, psycological and rehabilitation support and treatment. They managed to have a good outcome after 24 months follow up.

Conclusions: The development of depressive disorders after such traumatic events remains a strong predictor of a variety of difunctions (social, personal, work etc). The emergence of depressive disorders in many cases remains unexplored and poorly understood. The effect into the the overall health remains a very important factor to investigate. The combination and collaboration of the various medical disciplines is essential in order to help young people.

Disclosure of Interest: None Declared

EPV0679

Deppresive disorders after combination of cranial and cervical spine injuries in amateur athletes

?. Syrmos¹

¹Aristotle University, Thessaloniki, Greece doi: 10.1192/j.eurpsy.2025.1376

Introduction: Cranial and cervical spine injuries are serious traumatic situations with negative effects in the overall health and also in sports performace and health

Objectives: Aim of this study is to present cases of deppresive disorders after combination of cranial and cervical spine injuries in amateur athletes

Methods: 8 cases are presented. Range of age between 25 and 45 years old. All of them reported depressive disorders during the post traumatic period after combination of cranial and cervical spine injuries mainly during amateur athletic activities