

Introduction: Depression is a common psychiatric disorder and chronic stress is considered its main environmental risk factor. Recently, immune processes including adenosine triphosphate mediated P2X7 receptor (P2X7R) signalling via microglia and macrophages (M/Ms) were found to play a critical role in depression genesis, by linking environmental stress to depression biology and symptoms.

Objectives: To characterize the role of human P2X7R (hP2X7R) in psychosocial and immune stress conditions, both in vitro and in vivo.

Methods: Several, custom designed mouse lines expressing the loxP-flanked, hP2X7R-sequence in the murine P2X7R locus were established. In addition, these mice possess a Cre-sensitive reporter and express a Cre recombinase fused to a mutant estrogen receptor ligand-binding domain in M/Ms. This enables conditional, tamoxifen-inducible hP2X7R inactivation and simultaneous tdTomato expression. First, we established primary microglia cell cultures and characterized them at baseline and following immune stimulation. Next, we performed behavioural assessment of hP2X7R^{wt} and microglia-specific hP2X7R^{KO} mice following chronic psychosocial stress. Last, we developed a novel in vivo two-photon microscopy (TPM) approach by use of frontolimbic cranial windows.

Results: Primary hP2X7R^{KO} microglia displayed significantly lower IL-1 β production, increased survival and decreased morphological activation upon immune stimulation. Although hP2X7R^{KO} mice showed a significant increase of locomotor activity at baseline, there was no impact on anxiety- and depressive-like phenotypes. Longitudinal in vivo TPM enabled morphometric characterization of cortical M/Ms over several weeks.

Conclusions: Our results illustrate the great potential of this humanized mouse line for translational psychiatry. In the future, this system could prove useful to evaluate immunomodulatory approaches in chronic stress and depression.

Disclosure: No significant relationships.

Keywords: Genetically engineered mouse models (GEMMs); chronic stress and depression; human P2X7 receptor; translational neuropsychiatry

EPP0775

Fatal drug poisonings in an industrial region of the Far North of Russia

A. Novikov¹ and A. Gil^{2*}

¹Surgut city Clinical Psychiatric-and-Neurological Hospital, Chief Physician Office, Surgut, Russian Federation and ²I.M. Sechenov First Moscow State Medical University (Sechenov University), Higher School Of Health Administration, Moscow, Russian Federation

*Corresponding author.

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Introduction: Drug poisonings is a continuous public health problem in Russia and worldwide.

Objectives: The objective of the study was to provide characteristics of lethal drug poisonings in a northern Russian region.

Methods: The data on deaths from drug poisoning collected between 2018 and September 2021, systematically collected by the Regional Center on the Organization of the Narcological and Psychiatric service of the Khanty-Mansi Autonomous Okrug of Russia, was analyzed.

Results: Among 220 cases of fatal drug poisoning the overwhelming majority (90.4%) occurred among males. The number of cases increased annually from 27 in 2018 to 71 in 2020. The average age of death increased from 33.6 years in 2018 to 38.2 years in 2021. Over two thirds of deceased (70.9%) had complete secondary or vocational secondary level of education, almost one third (30.0%) were skilled workers, and slightly less than half (44.1%) were unemployed. The most common causes of death were methadone poisoning (34.5%), poisoning with other opioids (21.8%), other synthetic drugs (17.3%), other unspecified drugs (11.8%), and psychostimulants (10.0%). Alcohol intoxication was identified as a concomitant cause of death in every fourth case (26.0%), of which 98% were among males. Most often, alcohol was present in the blood at a concentration of 120 mg/ml and above. Every fourth deceased (23.6%) was registered with narcology health service for drug addiction.

Conclusions: Fatal poisonings with narcotic drugs and psychotropic substances is a growing public health problem in a northern industrial region of Russia, which affects predominantly working-age males and requires comprehensive multisectoral response.

Disclosure: No significant relationships.

Keywords: drug poisoning; Russia; overdose deaths; drugs

EPP0776

Psychoactive substance use among medical residents in Tunisia

R. Masmoudi^{1*}, I. Chaari¹, Y. Mejdoub², R. Sallemi¹, I. Feki¹ and J. Masmoudi¹

¹Hospital university of HEDI CHAKER, Psychiatry A Department, Sfax, Tunisia and ²Hedi Chaker university hospital, Epidemiology, Sfax, Tunisia

*Corresponding author.

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Introduction: Recent studies in the world found an increase of substance use among medical students.

Objectives: To determine the prevalence of substance use and associated factors among medical residents in Tunisia.

Methods: It was a descriptive and analytical cross-sectional study among medical residents from the 4 medical faculties of Tunisia. A questionnaire was created from Google Forms and was published on the social network Facebook. We asked about the current consumption of different psychoactive substances. We used the Patient Health Questionnaire (PHQ-9) to identify depressive symptoms.

Results: The sample included 241 residents. The female sex was predominant (83.4%, n = 201). The average age was 28.18 ($\pm$ 2.13) years. Among these residents, 27.8% (n = 67) currently consume at least one psychoactive substance and 71% (n = 171) had depressive symptoms. The substances consumed by residents were: tobacco 18.7% (n = 45), alcohol 18.7% (n = 45), cannabis 6.2% (n = 15), amphetamine 3.3% (n = 8), sleeping pills (without medical prescription) 2.9% (n = 7), hallucinogens 2.9% (n = 7), cocaine 2.1% (n = 5) and inhaled solvents 0.4% (n = 1).

The use of at least one psychoactive substance was significantly associated with male sex (p = 0.01), the presence of financial problems (p = 0.08), lack of religiosity (p < 0.001), feeling of life dissatisfaction (p = 0.01), uncertainty about life events (p = 0.05) and the presence of depression (p = 0.018).

Conclusions: Psychoactive substance use has become a growing problem among residents in Tunisia. The associated factors should attract attention to identify these subjects.

Disclosure: No significant relationships.

Keywords: substance use; medical residents; Tunisia

Personality Disorders / Depressive Disorders 05

EPP0779

Psychopathological and clinical-typological aspects of youth chronic endogenous depression.

V. Kaleda* and V. Migalina

FSBSI «Mental Health Research Centre», Department Of Youth Psychiatry, Moscow, Russian Federation

*Corresponding author.

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Introduction: Youth ontogenesis contributes significantly to depressive disorders, causing pronounced atypia, a high level of comorbid pathology. A long-term depressive state lead can to persistent, adverse consequences.

Objectives: To study the clinical, psychopathological and psychometric features of youth chronic endogenous depression (UCED).

Methods: 62 patients of the age 16-25 were examined clinically and psychopathologically; the patients were first hospitalized from 2017 to 2020 for a chronic depressive state with non-psychotic mental disorders (ICD-10: F31, F32, F33, F34, F21 keys) lasting more than two years. Psychometric assessment was done by HDRS, SOPS, and SANS.

Results: UCED are characterized by a pronounced atypia with a predominance of symptoms for negative affectivity with apathy, anhedonia, physical and mental asthenia, depressive devitalization. In contrast with non-chronic youth depressions, cognitive disorders, motor inhibition, a large proportion of comorbid pathology are presented in the chronic ones. Depending on the prevalence of additional psychopathological disorders, 2 types were distinguished: Type I – depression with a clear-cut affective psychopathological structure (54.8%, 34 patients); Type II - depression with the symptoms of other than affective registers (45.2%, 28 patients). Psychometric assessment on the HDRS scale, in the sub-scale “negative symptoms” of the SOPS scale, in the sub-scale “anhedonia-associality” of the SANS scale showed a greater severity of psychopathological symptoms in type II depression ($p < 0.05$).

Conclusions: The obtained data confirm the differences between UCED and non-chronic youth depressions and demonstrate the aggravating effect of symptoms of the non-affective spectrum on the severity of UCED and the level of negative affectivity.

Disclosure: No significant relationships.

Keywords: chronic depression; youth; persistent depressive; dysthymia

EPP0780

Resistance or pseudo-resistance?

R. Zanardi¹, F. Attanasio^{2*}, C. De Cesare², V. Fazio² and C. Colombo^{1,2}

¹IRCCS San Raffaele Scientific Institute, Psychiatry - Mood Disorders, Milano, Italy and ²Università Vita-Salute San Raffaele, Psychiatry, Milano, Italy

*Corresponding author.

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Introduction: Treatment-Resistant Depression continues to represent a great challenge for clinicians.

Objectives: We investigated patients with history of resistance, assessing prognostic factors, response to treatments, and remission over time.

Methods: We recruited 202 unipolar and bipolar depressed inpatients. According to anamnestic backgrounds, patients were assigned to: A) *Non-resistant*: responders, with no characteristics of resistance in the current episode. B) *Resistant*: resistant to two antidepressant trials of adequate doses and duration. C) *Pseudo-resistant*: non-responders, not classifiable as *Resistant* because of inadequate trials. During hospitalization, patients were treated by clinical judgment, following a rehabilitation program.

Results:

