

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.