

O0066

Screening Accuracy of the Portuguese version of the Postpartum Depression Screening Scale-7 according to DSM-5 criteria

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doi: 10.1192/j.eurpsy.2022.262

Introduction: The Portuguese shortest version of the Perinatal Depression Screening Scale/PDSS-7 proved to be valid and reliable, in Portugal and Brazil, but it is essential to analyze its operational characteristics before using it for screening purposes.

Objectives: To determine PDSS-7 cut-off points and associated conditional probabilities to screen for major depression, according to the DSM-5.

Methods: he pregnancy sample was composed of 259 women in the second trimester (Mean gestation weeks = 17.83 ± 4.750). The postpartum sample consisted of 241 women assessed between the 2nd-6th months postpartum ($M = 17.99 \pm 4.689$ weeks postpartum). All women completed the PDSS-7 and were interviewed with the Diagnostic Interview for Psychological Distress (Pereira et al., 2017), a semi-structured clinical interview to assess the most prevalent psychiatric disorders in the perinatal period according to the DSM-5 criteria. MedCalc was used to perform ROC analysis.

Results: During pregnancy, the major depression prevalence was of 4.6% ($n = 12$). The cut-off point that maximizes the Youden Index ($J = .98$, 95%CI: .97-.99; AUC = .99; $se = .004$; $p < .001$) was of 18 (95%CI: 17-19), which resulted in a sensitivity of 100% (71.5%-100%), a specificity of 97.98% (95.3%-99.3%), a positive predictive value/+PP of 68.8% (48.0%-84.0%) and a negative predictive value/-PP of 100%. In the postpartum, the major depression prevalence was of 10.4% ($n = 25$). The cut-off point ($J = .79$, 95%CI: .63-.82; AUC = .89; $se = .036$; $p < .001$) was of 14 (95%CI: 12-16), with a sensitivity of 85.0% (69.3%-93.2%), a specificity of 85.0% (69.3%-93.2%), a +PP of 56.5% (46.1%-67.3%) and a -PP of 97.5% (94.6%-98.8%).

Conclusions: The Portuguese version of PDSS-7 presents good combinations of sensitivity and specificity, being accurate and usable to screen for depression during pregnancy and in the postpartum both in research and primary health care.

Disclosure: No significant relationships.

Keywords: PDSS; Postpartum; perinatal mental health

O0065

Efficacy and safety of intermittent theta burst stimulation (iTBS) in treatment resistant depression

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doi: 10.1192/j.eurpsy.2022.263

Introduction: Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive neuromodulatory treatment option, which is used in a variety of neurological and psychiatric diseases. It is approved for depression treatment and recommended in international guidelines. A significant reduction in treatment duration was achieved by using theta burst stimulation (TBS) protocols, which are practicable and non-inferior to conventional TMS. **Objectives:** To analyse the efficacy and safety of intermittent theta burst stimulation (iTBS) of left DLPFC in inpatients with treatment-resistant depression.

Methods: We evaluated $n = 44$ inpatients with treatment resistant major depressive disorder ($n = 37$) and bipolar depression ($n = 7$), who were treated with the 5 Hz intermittent TBS once daily for 3-6 weeks according to clinical decision. A total of 600 pulses and 200 bursts were applied in each treatment session. Clinical and response data were obtained by chart review.

Results: Mean age at time of first stimulation was 54 years. 61,3 % of patients were female. On average, the current episode started 21 months before the first stimulation. In total, 924 treatment sessions were performed. On average, patients received 21 sessions. The mean MADRS Score pre-treatment was 27.2. Post-treatment, there was a clear reduction in depression severity (MADRS 18.3). No severe adverse events and no seizures occurred in this clinical observational analysis.

Conclusions: Intermittent TBS is efficacious and safe in patients with chronic and refractory depression.

Disclosure: No significant relationships.

Keywords: treatment resistant depression; iTBS; TMS; TRD

O0066

Impact of invasive VNS on depression severity and the need of concomitant drug and neuromodulatory treatment dose

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doi: 10.1192/j.eurpsy.2022.264

Introduction: Invasive vagus nerve stimulation (VNS) is an adjunctive long-term treatment option for chronic and recurrent difficult-to-treat depression (DTD).

Objectives: In this prospective observational open-label case series we report on the effects of invasive VNS on depression severity, medication load and the need of maintenance electroconvulsive therapy (ECT) and esketamine treatment after 12 months.

Methods: Patients were treated with invasive VNS according to clinical indication. All patients were included in the Restore-Life-Study. The assessment of depression severity (MADRS) and concomitant treatment was performed at baseline and in 3-months intervals postoperatively over a 12 months period.

Results: Twelve patients were treated with adjunctive VNS due to unipolar ($n = 10$) and bipolar ($n = 2$) depression. The majority of patients were female ($n = 9$). The mean age at baseline was 53.8 years (range 38-66). Patients were severely affected by a variety of depression symptoms which was reflected in high MADRS Scores (median 29, mean 28) at baseline. All patients received at least 2 or more psychotropic drugs at baseline. After 12 months of VNS a

clear reduction of MADRS Scores (41 % on average) was seen (12-months MADRS Score median 17, mean 18). After 12 months, one patient each was discontinued from maintenance ECT and esketamine, respectively. The median of drug load was reduced from 4,56 to 4,06 after 12 months.

Conclusions: Invasive VNS is an effective treatment option in the long-term management of DTD to reduce the need of concomitant drug dose and maintenance treatment.

Disclosure: E Kavakbasi received speaker fees from Livanova. BT Baune received speaker and advisor fees from Livanova. The patients were included in the Restore-Life Study sponsored by LivaNova.

Keywords: difficult-to-treat depression; vagus nerve stimulation; VNS; DTD

O0067

Leadership skills training in Psychiatry: A European-based cross-sectional survey

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doi: 10.1192/j.eurpsy.2022.265

Introduction: Leadership in healthcare organisations is crucial to continually improve and provide high quality compassionate care. Leadership development and training enables the psychiatrists in developing these essential skills. Focusing on how to enhance leadership development through leadership skills training and experiential learning should be a priority. However, little is known about the extent to which this leadership skills training is available across Europe in the early stage of the career of psychiatrists.

Objectives: To investigate the access to leadership development opportunities among European psychiatric trainees and early career psychiatrists (ECPs) and their perceptions related to leadership skills training.

Methods: Cross-sectional study, using an online survey consisting of multiple-choice questions and free text responses.

Results: Participants from 33 European countries took part in this survey, where the majority were female. More than half were general adult psychiatric trainees and more than a quarter ECPs. About half indicated having no access to leadership skills training within their training program, with only about 10% being satisfied

with the training received. About half sought additional training outside their program. A vast majority requested training in leadership skills to be included in a psychiatric training program.

Conclusions: Our study provides an overview of important gaps in availability and access to leadership skills training amongst psychiatric trainees and ECPs across Europe. We hope that this study will help inform future actions pertaining to development and improvement of leadership skills training for trainees and ECPs across Europe.

Disclosure: No significant relationships.

Keywords: training; leadership; psychiatry; skills

Eating Disorders

O0068

Food Attentional Bias and Eating Disordered symptomology: The moderating role of cognitive reappraisal

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doi: 10.1192/j.eurpsy.2022.266

Introduction: Cognitive reappraisal (CR) is a cognitive regulation strategy aimed at changing how people think about certain stimuli in order to change their emotional impact. CR strategies have been used in research to try to change eating behaviors and other food-related responses. This study is the first to use a behavioral measurement to examine the effect of CR on food attentional bias (FAB) in people with elevated FAB.

Objectives: It was hypothesized that CR would reduce FAB. Ninety-five participants were randomly assigned to one of three groups: CR, upregulation (UP) or controls (CN).

Methods: All participants performed a computerized Visual Dot Probe (VDP) task using food stimuli to measure their FAB before and after the manipulation. The CR group recited five sentences aimed at curtailing the reward of high caloric food. Participants in the UP group recited five sentences aimed at strengthening the reward of high caloric food. The CN group recited five mundane sentences about their day. Participants also self-reported on eating disordered symptomology and BMI.

Results: People with elevated FAB had more disordered eating than people low on FAB. A significant interaction was observed between group and time (pre/post-test), with the lowest FAB levels in the CR group following the manipulation.

Conclusions: CR, a self-administered strategy can be effective in reducing FAB. CR may be an effective strategy for developing resistance to tempting food stimuli and curbing high caloric food intake. Being highly attentive to food cues may contribute to obesity. The attentional bias paradigm can be used to detect early signs of FAB.

Disclosure: No significant relationships.

Keywords: food attention bias; eating disorder symptomology; cognitive reappraisal