

EPV0608

Examining the relationship between depression knowledge level, seeking psychological help and stigma levels in patients diagnosed with depression: Preliminary results of a cross-sectional study

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Introduction: Individuals with psychiatric illnesses still face significant stigma and discrimination around the world. These individuals are reluctant to seek treatment due to fear of stigma, and when they begin treatment, their exclusion from society is a significant obstacle to their well-being. In order for individuals with mental illness to live in a society without stigma and discrimination, it is important to increase the knowledge and understanding of that society towards mental illnesses and develop positive attitudes. Depression is quite common and is the mental disorder that causes the most disability.

Objectives: This study aimed to measure the relationship between individuals' level of knowledge about depression, seeking psychological help and stigmatization.

Methods: The study group consisted of individuals who were diagnosed with major depression according to DSM 5-TR diagnostic criteria and applied to Eskişehir Osmangazi University Psychiatry Outpatient Clinic where the study would be conducted. The Hamilton Depression Rating Scale, Depression Knowledge Test, Stigma Scale, Attitudes Towards Seeking Professional Psychological Help Scale-Revised Form and Stigma Towards Seeking Psychological Help Scale were administered to the participants. Currently, 33 individuals were included in this study, and this number is planned to be 60 by the congress date. Eskişehir Osmangazi University Clinical Research Ethics Committee approved the study on 09.02.2023.

Results: A total of 33 people were included in the study, 25 (75.8%) female and 8 (24.2%) male. The average age of the participants, ranging from 20 to 65 years old, was 41.48. The mean HAM-D scale score was 14.97. Education levels were calculated in years, and the mean years of education of the participants were determined to be 12.44 (5-20). According to the preliminary results of this study, a negative and significant relationship was found between depression knowledge level and stigma ($r_{\text{spearman}} = -.466, p = .006$). A negative and significant relationship was found between stigma and attitudes towards seeking psychological help ($r_{\text{spearman}} = -.308, p = .029$), and a positive and significant relationship was found between stigma and social stigma due to seeking psychological help ($r_{\text{spearman}} = -.354, p = .043$).

	KTD	ASPPHS-RF	SSRPH	SS
KTD	1			
ASPPHS-RF	.206	1		
SSRPH	.016	-.331	1	
SS	-.466**	-.380*	.354*	1

Conclusions: Stigma and stigmatization in mental illnesses are a major obstacle to diagnosis and treatment. In our study, preliminary data support the literature and show a relationship between depression knowledge level and stigma, and between stigma and psychological help-seeking behavior. These preliminary results show that psychoeducation interventions may have an important role. Results from 60 people will be presented at the congress.

Disclosure of Interest: None Declared

EPV0608

Efficacy and safety of accelerated deep TMS for depressed patient with active suicidality

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Introduction: Suicidality is one of the leading causes of death in young adults. Most of the suicidal patients suffer from background depression. Developments in the last few years in brain stimulation technology as dTMS enables a more intensive care in accelerated protocols that have already been approved in the treatment of the depression field. However, most major studies in the field excluded the participation of patient with active suicidality.

Objectives: This study focuses on efficacy of dTMS in patients with active suicidality.

Methods: This double-blind randomized study offers an accelerated protocol dTMS treatment in the span of 10 treatment days, while the patient is maintained in full hospitalization and secure conditions. The study examined the efficacy of the dTMS accelerated protocol (which includes 3 treatments a day for the course of 10 treatment days) on suicidality indicators. This treatment was given in addition (add-on) to standard ward treatments in three arms (1:1:1) sham, active H1 coil and active H7 coil.

Results: 38 patients were enrolled in the study. 30 patients successfully completed 10 treatment days. 8 patients did not complete treatment due to withdraw of informed consent before starting treatment (N = 4), panic attack (N = 2), discharge from the ward (N = 1) and suicide attempt (N = 1). Patients received active treatment (both H1 and H7) showed superior response (defined as >50% improvement in depression scale) compared to placebo arm (PA) ($p = 0.03$). Additionally, clinically close to significance improvement in suicidality intensity scales was found after 5 and 10 days of treatment in active treatment compared to placebo ($p = 0.09$). However, no significant difference was found regarding suicidality type scores. No major differences in depression and suicidality were found comparing H1 and H7 coils. The main side effects were headaches and dizziness, motoric tremor during the treatments, vomiting and general exhaustion. One patient (placebo group) completed suicide a month following the end of the study.

Conclusions: Active suicidality is a major challenge in treating severe mental disorders, and death by suicide is still a leading cause of death among patients. However, most clinical studies in mental health still exclude patients with active suicidality, hence treatment options are limited. In this study, we found deep TMS accelerated

protocol (both H1 and H7 coils) to be both safe and effective in decreasing suicidality intensity and depression symptoms among inpatients with severe mental disorders accompanied by suicidality. Further studies are needed to differentiate H1 and H7 coils effectiveness in different depression sub-types and common psychiatric comorbidities.

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EPV0609

Evaluating the relation between trait anxiety and stressful life events: implications for stress-induced depression vulnerability

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Introduction: Major Depressive Disorder (MDD) significantly impacts global disability and quality of life. Some variables such as the trait anxiety and experiencing stressful life events (SLEs) are usually related to the MDD. However, the relationship between these variables in depression needs further investigation. Emerging research suggests the STAI-trait could be a nonspecific measure of negative effect and increase susceptibility to stress-induced depression.

Objectives: This study assesses the State-Trait Anxiety Inventory (STAI) trait scores and SLEs, depressive symptoms, outcomes and functionality in MDD patients, with the hypothesis that STAI-trait may predispose individuals to stress-induced depression.

Methods: A prospective observational study was conducted with 25 MDD patients recruited at Hospital Universitari de Bellvitge. The STAI-trait and SLE exposure were measured during the initial visit. Depression symptom and outcome variables were assessed in three sequential clinical evaluations.

Results: Preliminary findings show a significant association between anxiety trait and SLEs, high STAI-trait scores correlated positively with increased SLEs. This, correlating with more severe MDD symptoms and a complex disease course.

Conclusions: These findings support the notion of the STAI-trait as a possible mediator between life stressors and depression. They highlight that increased STAI-trait anxiety might lead to greater vulnerability to stress and its potentially depressive effects, underscoring the need to consider this trait in clinical practice and the development of preventive strategies.

Disclosure of Interest: None Declared

EPV0610

Motives and Goals for Sports and Exercise Therapy during Treatment of Depression

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Introduction: A growing body of evidence suggests that physical activity can be an effective treatment for depression. In consideration of individual conditions, Sports and Exercise Therapy may be used as standalone or complementary treatment during partial or full-time inpatient treatment. However, current data indicate that only a minority of patients make use of it during the course of their treatment. The beneficial health effects of exercise on mental health can only be realized if the exercise is actually undertaken. Therefore, further research is required on the motivational psychological aspects of participation in Sports and Exercise Therapy. It can be assumed that it is crucial to consider the individual patient preferences when initiating and sustaining physical activity. Moreover, there are notable differences between men and women in terms of their motivation for engaging in exercise.

Objectives: The present study examines gender-based differences in the motivation underlying the participation in Sports and Exercise Therapy during the course of inpatient treatment for depression, whether on a partial or full-time basis.

Methods: In a psychotherapeutic and psychosomatic hospital, motives for Sports and Exercise Therapy of female and male (age 35-64) patients with a primary diagnosis of depression were recorded using the Bernese Motive and Goal Inventory in Leisure and Health Sports. The motives analysed include contact, body/appearance, competition/performance, distraction/catharsis, health, fitness and aesthetics. The survey was conducted within seven days of admission to either partial or full-time inpatient treatment setting.

Results: The total number of patients included in the analysis was 140, comprising 65.0% male (mean-age=48.0, 21.0% full-time treatment) and 35.0% female (mean-age=50.7, 43.0% full-time treatment). The most important motives for both men and women are health (M male=4.29, M female=4.37), fitness (M male=4.20, M female=4.20) and distraction/catharsis (M male=3.72, M female=3.80) due to the highest mean scores. Compared to women (M=1.60, SD=0.77) men (M=2.19, SD=1.93) reported significantly higher mean score for the competition/performance motive (U-test, $z=3.987$, $p<.001$). No further significant gender differences were identified.

Conclusions: Significant gender differences were found only for the motive competition/ performance, despite this motive rated lowest on average. The absence of further gender differences may be due to the fact that gender differences may be of less importance for Sports and Exercise Therapy in the treatment context. On average health, fitness, and distraction/ catharsis were rated highest by both genders. This is consistent with typical symptoms during depression, which involve distraction from negative thoughts as well as recovering physical fitness to cope with everyday life. All authors of this study declare that they have no conflicts of interest.

Disclosure of Interest: None Declared

EPV0611

Clinical Features and Severe Outcomes of Depressive Disorders among Healthcare Workers

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