focusing on emotional interaction, empathy, and the therapeutic relationship. Additionally, the philosophical and psychiatric aspects of personality formation in both humans and AI were examined.

Results: AI systems have made progress in simulating therapeutic techniques, providing guidance, and mimicking emotional responses. They can support symptom relief and enhance coping strategies, especially in areas where human therapists are scarce. However, AI's ability to engage with deeper aspects of the therapeutic process, such as emotional empathy and personal connection, remains limited. AI lacks subjective experience, emotional depth, and self-awareness—essential factors for forming a genuine personality.

Conclusions: While AI has the potential to augment clinical practice, it cannot replace the human element in therapy. The development of AI-based tools is valuable for symptom management, but psychotherapy is inherently rooted in human connection, intuition, and emotional engagement—qualities AI does not possess. For AI to truly replace human therapists or develop a personality, significant advancements in consciousness and emotional cognition would be required, which remain speculative at this stage. Thus, AI will likely continue to serve as a supportive tool rather than a replacement for human therapists in the foreseeable future.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP286

The Role of Gut Microbiome in Psychiatric Disorders

J. T. Coelho[1]*, A. L. Ramos[1], B. C. da Silva[2] and S. Timóteo[1]

[1]São João Local Health Unit and [2]Santo António Local Health Unit, Porto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.591

Introduction: Emerging evidence on the bidirectional connection between gastrointestinal microbiota and brain, through the gut-brain axis, and its influence on mental disorders makes the gut microbiota a potential target for novel therapeutic approaches.

Objectives: We aim to study and synthetize the current data about the influence of gut microbiome on psychiatric disorders.

Methods: Our literature research focused on some of the most significative English-written articles published in the last decade.

Results: Most of the relevant literature suggests that the presence of a healthy and diverse gut microbiota is essential to normal cognitive and emotional processing. Also, it has been shown that consumption of probiotics can modify the functional activity of the areas in the brain that are implicated in cognitive functions.

The literature also supports that stress can change gut permeability as well as the composition of gut microbiota resulting in a pro-inflammatory profile of cytokines produced by gut microbiota. Besides, gut microbes can modulate the stress response and the level of anxiety through alterations in serotonin signaling.

It has been also demonstrated that in animal models of depression the composition of gut microbiota was changed. On the other hand, other studies demonstrated certain probiotics can attenuate depressive symptoms in rodent models.

Regarding eating disorders, Anorexia Nervosa seems to have impact on the gut microbiota balance through restrictive diets and the abrupt change in diet during nutritional rehabilitation. The use of prebiotics, probiotics, antibiotics or faecal transplantation looks promising as important novel adjuvant treatments.

Conclusions: The effect of gut microbiota on several mental disorders is supported by a increased volume of experimental data. However, research in this field is still unfolding and more studies should be performed to apply new techniques focusing on gut-brain axis in clinical practice.

Disclosure of Interest: None Declared

EPP287

Psychedelic-assisted therapy for functional neurological disorders: a review of the literature

T. F. Fernandes[1]*, J. G. Freire[1], M. C. Pais[1] and C. Pissarra[1]

[1]Centro de Responsabilidade Integrada de Psiquiatria, Unidade Local de Saúde de Coimbra, Coimbra, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.592

Introduction: Functional neurological disorders (FND), also referred to as conversion disorder or psychogenic neurological disorders, are one of the most common and disabling conditions in the neurology practice field, with very limited treatment options. FNDs present with sensory and/or motor symptoms that can mimic other neurological conditions, but appear to be related to recognizable psychological factors and are thought to occur via mechanisms other than those related to identifiable structural neuropathology. This condition has very limited treatment options, but there is preliminary evidence that psychedelic-assisted therapy (PAT) might be effective in a growing number of psychiatric disorders, including FNDs.

Objectives: We aim to review the current literature regarding the role of psychedelic-assisted therapy in the treatment of functional neurological disorders.

Methods: We search PubMed with the following keywords: psychedelics, functional neurological disorder and conversion disorder.

Results: Only nine studies were published, between 1954 and 1967, reporting the use of psychedelics in the treatment of FNDs, with a total of 22 patients, of which 69% ($n = 18$) were found to have made at least some recovery, though the included studies were of low quality, often lacking control groups and valid outcome measures.

Conclusions: There is a lack of evidence for the efficacy of PTA on the treatment of FNDs. Nevertheless, the discussion remains, as several abnormalities of the default mode network activity (DMN) have been reported in patients with FND and many of the proposed

therapeutic benefits of psychedelics have been theorized to relate to their action on the DMN.

Disclosure of Interest: None Declared

EPP290

Depression in Patients with Chronic Heart Failure: Correlation with Hemodynamic Parameters and Lipids' Metabolism

S. Fedorov[1] and A. K. Sikora[2,3]*

[1]Therapy and Family Medicine department of Post-graduate Faculty; [2]Psychiatry, Addictions and Medical Psychology Department, Ivano-Frankivsk National Medical University, Ivano-Frankivsk, Ukraine and [3]HOSPITAL OF THE MAZOWIECKIE VOIVODESHIP DREWNICA, Warsaw, Poland
*Corresponding author.

Introduction: Depression is a major concern in patients with chronic heart failure (CHF), with a prevalence of approximately 20-40%. It has been linked to worsened outcomes, including mortality and significant declines in physical and social functioning. Understanding the relationship between depression and hemodynamic as well as lipid metabolism parameters in CHF patients can provide insights into the underlying mechanisms of these worsened outcomes.

Objectives: This study aims to evaluate the correlation between depression and central hemodynamic and lipid metabolism parameters in patients with chronic heart failure (CHF).

Methods: The study involved 80 patients with CHF II-III NYHA classes caused by chronic coronary artery disease. They were divided into two groups: 20 without signs of depression and 60 with depression, as diagnosed using the Zung Self-Rating Depression Scale, Beck Depression Inventory, and Hamilton's Depression Scale. Hemodynamic parameters were assessed using echocardiography (EchoCG), and lipid levels were measured in blood plasma. Statistical analyses were performed using t-tests, Mann–Whitney U tests, and correlation coefficients to determine relationships between variables.

Results: Depressive symptoms were prevalent in 71.6% of the CHF patients, with severe depression observed in 3.3%. Significant correlations were found between depression severity and blood pressure, triglyceride levels ($r = 0.7$, $p < 0.05$), and key echocardiographic measures such as left atrium diameter ($r = 0.57$, $p < 0.05$), end-diastolic size ($r = 0.53$, $p < 0.05$), and ejection fraction ($r = -0.29$, $p < 0.05$). Additionally, situational anxiety was significantly correlated with serum urea levels ($r = 0.42$, $p < 0.05$), triglycerides ($r = 0.91$, $p < 0.05$), and echocardiographic parameters.

Image 1:

Parameter	Correlation Coefficient (r)	p-value	Interpretation
Systolic Blood Pressure (SBP)	-0.3	< 0.05	Moderate inverse correlation
Diastolic Blood Pressure (DBP)	-0.35	< 0.05	Moderate inverse correlation
Triglycerides (TG)	0.7	< 0.05	Strong direct correlation
Left Atrium Diameter (LA)	0.57	< 0.05	Moderate direct correlation
End-Diastolic Size (EDS)	0.53	< 0.05	Moderate direct correlation
Ejection Fraction (EF)	-0.29	< 0.05	Weak inverse correlation

Image 2:

Correlation Between Triglyceride Levels and Depression Severity in CHF P
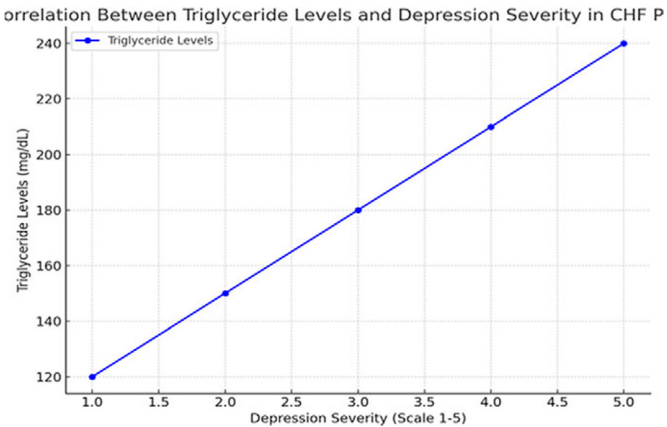
Conclusions: Patients with CHF and depression exhibit more severe central hemodynamic and lipid metabolism disorders than those without depression. These findings suggest that addressing depression in CHF management may mitigate some of the adverse effects on cardiovascular health.

Disclosure of Interest: None Declared