

emphasizes the role of specific cells like neutrophils and monocytes in inflammation and depression. These findings offer valuable insights for improving depression treatment strategies as inflammation state may be relevant for treatment response. We also show the merit of DNA methylation signatures for the profiling of patients' inflammation status, i.e., immunomethylomics.

Disclosure of Interest: None Declared

EPP0381

Personality Traits in Patients with Depression: Association with Symptoms of Depression and Anxiety

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doi: 10.1192/j.eurpsy.2024.543

Introduction: The symptoms of depression and anxiety, which are frequently comorbid, may be significantly impacted by the individual's personality, even considering the complex etiology of depression. Several studies have shown that while certain personality traits may act as protective factors, others may increase vulnerability to depression and anxiety. Understanding these relationships may be important since personality traits have gained attention as potential determinants of symptom severity and treatment outcomes.

Objectives: To identify and evaluate the association of personality traits with symptoms of depression and anxiety in patients with depression.

Methods: The study involved 80 inpatients (≥ 18 years), hospitalized in University psychiatry department with depression diagnosis based on the ICD-10-AM classification. Subjects were asked to fill the Overall Anxiety Severity and Impairment Scale ("OASIS"), the Big Five Personality Dimensions scale and the Patient Health Questionnaire-9 (PHQ-9). Data analysis included descriptive data, Shapiro-Wilk test, Spearman correlation, Kruskal-Wallis test and Chi-Square test, with a significance threshold of $p < 0.05$.

Results: Severe (26.3%) and very severe (41.3%) depressive symptoms were the most prevalent. Extraversion was associated with minimal ($p = 0.002$), conscientiousness with mild ($p < 0.001$), neuroticism with very severe depressive symptoms ($p = 0.003$). The majority of depressed patients had severe (33.75 %) or very severe (32.5 %) anxiety symptoms. Anxiety symptoms were associated with more severe depressive symptoms ($r = 0.704$, $p < 0.001$). The association of conscientiousness and moderate anxiety symptoms was found ($p = 0.004$). In the presence of expressed neuroticism, most of the respondents showed very severe anxiety symptoms, in the absence of neuroticism – moderate anxiety symptoms ($p < 0.001$).

Conclusions: The results showed that personality traits were associated with severity of depression and anxiety symptoms in psychiatry inpatient with depression. Therefore, recognition of predominant personality traits in patients with depression may be helpful in selecting treatment and predicting treatment outcomes.

Disclosure of Interest: None Declared

EPP0382

The impact of ruminative thought style on the maintenance of depressive mood

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doi: 10.1192/j.eurpsy.2024.544

Introduction: Ruminations are a cognitive style of "thought recycling", which involves passively and repeatedly focusing on disorder and distress symptoms, or their causes, without attempting to alleviate them. They are a significant indicator of cognitive vulnerability, predicting the emergence, maintenance, and recurrence of depressive symptoms.

Objectives: To estimate the impact of the ruminative thought style on the maintenance and escalation of depressive mood.

Methods: The research sample consisted of 60 students between the ages of 19 and 30 ($M = 23$), divided into two experimental groups with 30 participants each. The participants took part in a 5-minute experiment that involved recalling an autobiographically sad event, assessing their mood on the Scale for Self-Assessment of Emotions (EAS) before and after the induction, and then splitting into two groups of 30 participants for random ruminating or distraction. The Beck Depression Inventory-II, the Ruminative Response Scale, the Ruminative Thought Style Questionnaire, and the EAS were used as research instruments. The progressive group relaxation approach was used at the end of the experiment with all participants to promote relaxation and lessen the psychophysical tension brought on by the experimental induction (10 minutes total).

Results: The experimental groups did not differ in mood intensity prior to the induction of sadness. Both experimental groups experienced significant impacts on depressed mood following the induction of sadness ($F(1,58) = 92.05$, $p < 0.001$): participants who ruminated demonstrated persistence in their negative mood, whereas participants who engaged in distractions demonstrated a decrease in their negative mood, even below the initial level ($F(2,116) = 12.69$, $p < 0.001$).

Conclusions: This result provides an additional experimental validation of the phenomenon of maintaining a depressive mood through ruminations. An essential psychotherapy goal should be the treatment (metacognitive therapy, rumination-focused CBT, mindfulness, cognitive bias correction, etc.) of such mechanisms, recognized as crucial for the maintenance of depression.

Disclosure of Interest: None Declared

EPP0383

Assessment of various dimensions of impulsivity and their expression in unipolar and bipolar affective disorder

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doi: 10.1192/j.eurpsy.2024.545

Introduction: Impulsivity is the tendency to take quick and rash actions without the ability to assess their consequences, resulting in an increased frequency of risky behaviors. In recent years, it has been indicated that impulsivity is a multidimensional construct with different ways of expression in various mental illnesses. Moreover, personality traits might predispose do different psychiatric diagnoses and impact its course.

Objectives: Because differences in the manifestation of impulsivity can be observed at several levels (e.g., behavioral/motor, cognitive, attention, or emotionally related), we applied several tools to check whether they would allow for the differentiation of unipolar (UD) and bipolar (BD) affective disorders.

Methods: The study used data from 282 patients with affective disorders and 95 healthy controls of both sexes. Among the patients, we distinguished a subgroup diagnosed with UD and BD. We included a homogeneous group of patients in euthymia state at the end of hospitalization due to the last depressive episode. The following tools were used: subdimension novelty seeking (NS) of The Temperament and Character Inventory (TCI) and The Barratt Impulsiveness Scale version 11 (BIS-11) to assess various dimensions of impulsivity. The Coping Orientation to Problems Experienced (COPE) was used to assess the strategy of coping with stress. Statistical analyses were performed in Statistica 13.3 StatSoft, Krakow, Poland.

Results: We observed significant differences in BIS-11 dimensions such as motor (MI) ($p=0.0006$), nonplanning (NP) ($p=0.0249$), and the sum of impulsivity ($p=0.0095$) between UD and BD patients. We found no significant differences in the intensity of impulsivity measured by the NS subdimension, regardless of the type of affective disorder. In the Spearman rank correlation analysis, the following correlations of novelty seeking were revealed ($p>0.05$):

NS with BIS-11 MI ($r_s=0.3877$, $p=0.0001$), BIS-11 NP ($r_s=-0.2926$, $p=0.0042$) and COPE-planning ($r_s=-0.2552$, $p=0.0191$) dimensions. Moreover, a unique and strong correlation of NS with COPE - focus on and venting of emotions was revealed in BD patients ($r_s=0.5402$, $p=0.0461$).

Conclusions: The obtained correlation results confirm the multi-dimensional nature of impulsivity. The relationship between NS and the motor and nonplanning dimensions comes to the fore. Among the tests used, BIS-11 best differentiated unipolar and bipolar patients.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP0384

The Slovenian version of the Cardiac depression scale – validity and reliability

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doi: 10.1192/j.eurpsy.2024.546

Introduction: Cardiovascular diseases (CVD) were the cause of 40% of all deaths in Slovenia in 2016, and are the seventh most common cause of visits to the general practitioner. The prevalence of depression in people with CVD is high and is a strong predictor of mortality and additional cardiac events. In patients with coronary artery disease, depressive symptoms contribute to a lower quality of life and to physical limitations.

Objectives: The purpose of this study was to translate the Cardiac Depression Scale into Slovenian (S-CDS) and to assess its psychometric properties on Slovenian patients with heart disease.

Methods: After obtaining the consent from the original authors, the Cardiac depression scale was translated by three bilingual Slovenian native speakers with medical knowledge. Afterwards, they worked jointly to reach consensus on one version, which was then back-translated (Slovenian to English) by two independent English translators unfamiliar with the original version. The original authors approved the final draft. The S-CDS was then applied to a total of 272 patients with heart disease that underwent elective coronary angiography. At the same time the Spielberger State Anxiety Inventory (STAI-S) and the Center for Epidemiologic Studies Depression Scale-20 (CES-D) were used. An exploratory and confirmatory factor analysis, internal consistency, test–retest reliability and concurrent validity were performed.

Results: The total scale had Cronbach's alpha 0.92 and test–retest reliability 0.71. Six factors were confirmed by the exploratory factor analysis, accounting for 60.88% of total variance. A two and one factor solution indicated by the confirmatory factor analysis had acceptable goodness-of-fit measures. A one factor solution was kept, considering a high correlation between the two factors and the theoretical background in previous studies. A moderate to strong correlations were confirmed by concurrent validation against the CES-D and the STAI-S.

Conclusions: The S-CDS with 25 questions is a reliable and valid instrument for measuring depressive symptoms in Slovenian patients with heart disease.

Disclosure of Interest: None Declared

EPP0385

A comparative study of depression, anxiety, loneliness, well-being and self-esteem among patients with and without Inflammatory Bowel Disease

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doi: 10.1192/j.eurpsy.2024.547

Introduction: Individuals diagnosed with Inflammatory bowel disease (IBD) often experience recurring and painful symptoms, which can significantly affect their daily life, while hospitalization and/or surgery may be needed when they present complications. During the course of the disease, IBD patients may experience