plasticity (Castillo et al. Neuron 2012;76,70-81). The endocannabinoid system appears to play an important role in some clinical presentations of autism, such as socialization. Indeed, Autism Spectrum Disorder seems to be characterized by a hypofunctionality of the endocannabinoid system (Aran et al. Mol Autism 2019;10, 2).
Objectives: The present work aims to describe the current state of the art regarding the possible role of cannabinoids in the modulation of the excitatory and inhibitory systems in individuals with ASD.
Methods: We carried out a search on PubMed concerning the randomized clinical trials on the modulating effect of excitatory and inhibitory cannabinoid systems in autism. Three eligible articles were found according to the purpose of the present study.
Results: The results of the three articles considered highlighted a cannabinoid (CBD)-related increase in glutamate in subcortical regions (basal ganglia) and a decrease in cortical regions (dorsomedial prefrontal cortex), both in subjects with and without ASD. CBD increased GABA transmission in the subcortical regions of neurotypical subjects, while it decreased it in the same areas of the ASD group. Furthermore, CBD modulated low-frequency activity, used as a measure of brain activity and functional connectivity in the brains of adults with ASD.
Conclusions: Data from the three functional MRI studies demonstrated that CBD influences cortical and subcortical connectivity on an adult sample. This effect was notable only in the ASD group but not in the controls. However, further studies are needed to confirm the results obtained so far.

Disclosure of Interest: None Declared

EPP0346

Anti-amyloid-β Monoclonal Antibodies as Promising Disease-Modifying Therapies in Alzheimer's Disease: A Focus on Aducanumab, Lecanemab, Crenezumab, Gantenerumab and Solanezumab

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Introduction: Alzheimer's disease (AD) is the most prevalent form of age-related dementia in the world. The body of evidence suggesting that its main pathological features consist of amyloid-β (Aβ) plaque deposits and neurofibrillary tangles formed by hyperphosphorylated tau protein is robust. The drugs currently on the market have no effect on disease progression and provide only partial symptomatic relief, which creates a large unmet medical need. Anti-Aβ monoclonal antibodies (mAbs) have been shown to reduce amyloid plaques. Therefore, passive immunization is a major hope for treatment of AD.
Objectives: This review aims to summarize the up to date knowledge and experience with Anti-Aβ mAbs with positive clinical or biomarker effects in long-duration trials.
Methods: A narrative review was conducted based on a search in *Google Scholar* and *Pubmed*, using the following terms or combinations "anti-aβ protofibril antibody"; "early alzheimer's disease"; "immunotherapy for Alzheimer's disease". Peer-reviewed literature published between 2016 and April 2022 was screened on full-text for this purpose.
Results: Aducanumab surpassed a successful Phase 1B trial demonstrating a dose and time dependency for Aß reduction with a beneficial impact on some clinical measures after 1 year of treatment. Two large Phase 3 clinical trials were initiated and already discontinued based on futility analysis done and not based on safety concerns. Further analyses including participants exposed for longer periods of time at higher doses indicated that aducanumab reduced brain amyloid and decreased the rate of decline.
Lecanemab (BAN2401) completed a Phase 2 trial (2018) with evidence of amyloid reduction and slowing of cognitive decline and has now entered Phase 3. Aducanumab and BAN2401 showed significant efficacy on both clinical and biomarker outcomes.
Crenezumab Phase 2 trial results suggested efficacy in mild AD; a Phase 3 program was recently halted due to futility. This mAb is currently being assessed in a prevention trial involving a Colombian kindred with autosomal dominant AD.
Gantenerumab showed significant biomarker effects, with no clinical efficacy reported to date and is being assessed in Phase 3 trials after a trial in prodromal disease stopped for futility suggested that higher doses might be efficacious. Gantenerumab and solanezumab showed no drug-placebo differences in clinical outcomes of specific studies included in this review.
Conclusions: Therapies with anti-Aβ mAbs have been developed successively and conducted in clinical trials signaling a promising new era for AD drug development and providing compelling evidence for the prominent role of neurotoxic soluble amyloid oligomers in the pathogenesis of AD and as therapeutic targets. Lessons learned from these studies may also be a bridge to more efficacious, safe drugs in AD.

Disclosure of Interest: None Declared

Others 02

EPP0348

Cariprazine's efficacy in treating depressive symptoms – pooled data from schizophrenia, bipolar depression and major depression trials

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Introduction: Depressive symptoms are a common feature of schizophrenia (SCH) and define bipolar disorder and major depressive disorder (MDD). Their emergence is related to altered neurotransmission at the serotonin receptors and potentially at dopamine D3 receptors.
Objectives: The aim of this analysis was to examine the efficacy of cariprazine (CAR) in treating depressive symptoms in SCH, bipolar depression (BD) and MDD.
Methods: Clinical trials with randomised, double-blind, placebo (PLB)-controlled designs were included in these analyses. Data from 3 SCH [NCT00694707, NCT01104766, NCT01104779; 1.5-9 mg/d] and 3 BD [NCT01396447, NCT02670538, NCT02670551; 1.5-3

mg/d] studies were pooled. In MDD, add-on CAR to antidepressant treatment was evaluated against PLB in two studies [NCT03738215: 1.5 and 3 mg/d; NCT01469377: 1-2 mg/d and 2-4.5 mg/d).
Least square (LS) mean changes were analysed using Mixed Model Repeated Measures: from baseline (BL) to Week 6 in the Positive and Negative Syndrome Scale (PANSS)-derived Marder anxiety/depression factor items (schizophrenia); from BL to Week 6 in the Montgomery-Åsberg Depression Rating Scale (MADRS) total scores (bipolar depression); and from BL to Week 6 [NCT03738215] and Week 8 [NCT01469377] in MADRS total score (major depressive disorder).
Results: Altogether, 1466 SCH (PLB=442, CAR=1024) patients were included in the pooled analysis. In the BD analysis, data from 1383 (PLB=460, CAR=923) patients were pooled. In the MDD trials, there were 502 CAR (1.5mg/d=250, 3 mg/d=252) and 249 PLB-treated patients [NCT03738215], and 544 CAR (1-2 mg/d=273, 2-4.5 mg/d=271) and 264 PLB patients in the other study [NCT01469377]. In SCH, CAR achieved significantly greater reductions than PLB on the Marder anxiety/depression factor domain (LS mean change: PLB= -2.66, CAR= -3.26, $p<0.01$): the effect was driven by 3 out of 4 items. In BD, CAR yielded significantly greater improvement on the MADRS compared to PLB (LS mean change: PLB= -12.05, CAR= -14.69, $p<0.001$), which was driven by 9 out of 10 items. In MDD [NCT03738215], CAR 1.5 mg/d add-on significantly alleviated depressive symptoms compared to PLB (LS mean change: PLB= -11.5, CAR 1.5mg/d= -14.1, $p<0.01$), while in the other MDD trial [NCT01469377], CAR 2-4.5 mg/d add-on produced significantly greater reductions than PLB (LS mean change: PLB= -12.5, CAR 2-4.5 mg/d= -14.6, $p<0.01$).
Conclusions: These findings indicate that CAR is an effective treatment option for the treatment of depressive symptoms independent of disease (in SCH, BD and MDD), being a transdiagnostic broad-spectrum treatment option.

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EPP0349

Risk factors of professional burnout for nurses, health technicians and midwives at the beni mellal regional hospital, Morocco

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Introduction: Burnout is a topical issue, which concerns all fields and more particularly our health field.
Objectives: Our descriptive study aims to evaluate the prevalence of burnout and describe its risk factors among nurses, health technicians and midwives in the regional hospital of Beni Mellal. It is being carried out from February to June 2022, with 113 participants.
Methods: Given the nature of our research, the data collection tool consists of two questionnaires, the first to study personal, professional data and risk factors for burnout, and the second to assess burnout among our participants, based on the MBI in its French version.
Results: Our study showed that burnout affected more than three quarters of our sample, 59.3% of them had high emotional exhaustion, 26.5% had high depersonalization and 41.6% had low personal accomplishment.
The occurrence of this syndrome was the result of several risk factors, the most frequent being: stress related to the Covid-19 pandemic, poor organization and management of services, insufficient means and personnel, lack of recognition and motivation, unsatisfactory salary/effort, degraded interpersonal relations and confrontation with suffering.
Conclusions: In conclusion, burnout is a palpable reality among nurses, health technicians and midwives.Our alarming results must lead to the implementation of preventive actions while insisting on the organization of work and the valorization of the Moroccan caregiver.

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EPP0350

Associations between psychosocial factors and work ability in a Tunisian electricity and gas company

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Introduction: Work ability can be influenced by numerous factors, particularly psychosocial ones. These latter can be individual psychosocial factors but also psychosocial factors at the workplace.
Objectives: This study aimed to explore psychosocial determinants of work ability among workers in a Tunisian electricity and gas company.
Methods: We conducted a cross-sectional survey among 83 male workers in a Tunisian electricity and gas company. We used a self-administered questionnaire that included socio-demographic profile, psychosocial factors assessment through the Job content questionnaire (JCQ) and General Health Questionnaire (GHQ-12), and Work Ability Index (WAI) questionnaire. Data were analysed using SPSS software. We used the student's test to compare means between two groups.
Results: The mean WAI score among workers in the studied electricity and gas company was 8.96 (SD=1.37). At the time of