

Image 2:

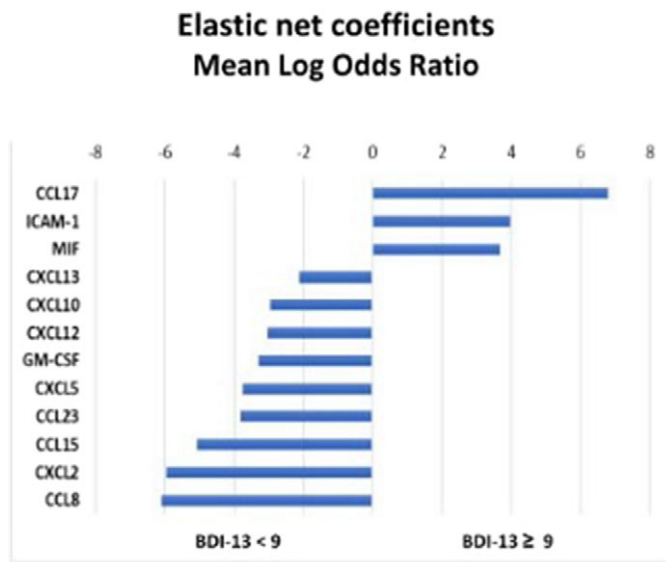


Figure 2. Immune analytes significantly associated to clinically relevant depressive symptomatology (VIP > 95%).
C-C motif ligand 17 (CCL17), CCL23, CCL15, CCL8
InterCellular Adhesion Molecule (ICAM-1)
Macrophage Migration Inhibitory Factor (MIF)
C-X-C motif chemokine 13 (CXCL13), CXCL10, CXCL12, CXCL5, CXCL2
Granulocyte-Macrophage colony-stimulating factor (GM-CSF)

Conclusions: This is the first study highlighting a putative inflammatory signature of post-COVID depression. Consistently to the immune profile of Major Depressive disorder, upregulation of innate immunity mediators seems to foster depressive symptoms in the aftermath of COVID. Interestingly, recruiters of B and T cells promoting a physiological adaptive response to viral infection also mitigate its psychiatric sequelae. Understanding the biological basis of post-COVID depression could pave the way for personalized treatments capable of reducing its add-on burden.

Disclosure of Interest: None Declared

O0123

Severe COVID-19 and breakthrough infections in vaccinated schizophrenia patients: A matched controlled cohort study

D. Tzur Bitan

Department of Psychology, Ariel University, Ariel and Psychiatric ER, Shlavata MHC, Hod Hasharon, Israel
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Introduction: Schizophrenia patients are at an increased risk for severe SARS-CoV-2 illness. Recent studies indicate that vaccines reduce morbidity gaps between schizophrenia patients and the general population; nonetheless, the ongoing emergence of COVID-19 variants and the increased frequency of breakthrough infections might lead to changes in these risk profiles.

Objectives: In this study we aimed to bridge this gap by assessing the risk of COVID-19 infection, hospitalization, and mortality among vaccinated individuals with schizophrenia, as compared

to vaccinated individuals with no schizophrenia, matched for age, sex, and vaccination coverage (first, second, and booster) throughout the first year of the vaccination plan.

Methods: The study included 50,958 vaccinated individuals: 25,479 individuals with schizophrenia and 25,479 without schizophrenia. Data were derived from the databases of Clalit Health Services, the largest healthcare organization in Israel.

Results: Findings indicated that differences among vaccinated schizophrenia patients and controls were non-significant after adjusting for infection (HR = 0.93, 95%CI 0.84-1.03, $p = 0.14$) and mortality rates (HR = 2.18, 95%CI 0.80-5.90, $p = 0.12$). Nonetheless, differences in rates of hospitalization remained significant even after controlling for demographic and clinical factors (HR = 2.68, 95%CI 1.75-4.08, $p < 0.001$). A longitudinal assessment of relative risk indicated that the rate ratio of differences between the groups increased during the fourth infection wave of the B.1.617.2 (delta) variant across all parameters, with schizophrenia patients demonstrating higher relative risk of hospitalization (RR = 4.19, 95%CI 2.41-7.23) and mortality (RR = 7.61, 95%CI 0.93-61.89) during the relevant periods.

Conclusions: These findings suggest that vaccination coverage is effective in narrowing overall morbidity and mortality gaps; nonetheless, individuals with schizophrenia are still at risk for severe COVID-19 outcomes.

Disclosure of Interest: None Declared

O0124

The effect of COVID-19 pandemic on depression and suicidal ideation in Korean community dwelling elderly

K. Kim*, B.-H. Yoon, H. Jung and H. Yun

Naju National Hospital, Naju, Korea, Republic Of

*Corresponding author.

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Introduction: The impacts of the coronavirus disease of 2019 (COVID-19) pandemic on mental health have been relatively severe.

Objectives: This study examined the influence of the COVID-19 especially on depression and suicidal ideation in community-dwelling elderly in Korea.

Methods: Data were employed from a survey on elderly mental health in Jeollanam-do (southwest province in Korea). A total of 2,423 elderly were recruited from 22 counties in Jeollanam-do between April and October 2021. We used self-reported questionnaires, including sociodemographic factors, COVID-19 related stress, suicidal ideation, Geriatric Depression Scale-Short Form Korean Version (GDS-SF). Logistic regression was performed to examine the factors on depression and suicidal ideation

Results: Of the 2423 subjects, 622 (25.7%) reported depressive symptoms and 518 (21.4%) reported suicidal ideation. The multivariate logistic regression analysis revealed that living alone, poor perceived health status, the worry of COVID-19 infection and restriction of daily activity due to COVID-19 pandemic were significantly associated with depression. Male sex, poor perceived health status, disability in house chores and depressive symptom are risk factors for suicidal ideation.

Image:

Table 1. Comparison of socio-demographic factors according to depression and suicidal ideation^a

Variable ^a	Total ^a	Depression ^a	P ^a	Suicidal ideation ^a	P ^a	
Gender ^a	Man ^a	586(24.2) ^a	133(22.7) ^a	0.058 ^a	93(15.9) ^a	<0.001 ^a
	Woman ^a	1837(75.8) ^a	489(26.6) ^a		425(23.1) ^a	
Age ^a	65-69 ^a	196(8.1) ^a	29(14.8) ^a	0.001 ^a	36(18.4) ^a	0.014 ^a
	70-74 ^a	408(16.8) ^a	94(23) ^a		76(18.6) ^a	
	75-79 ^a	561(23.2) ^a	156(27.8) ^a		116(20.7) ^a	
	80-84 ^a	697(28.8) ^a	176(25.3) ^a		141(20.2) ^a	
	>=85 ^a	561(23.2) ^a	167(29.8) ^a		149(26.6) ^a	
Living status ^a	Alone ^a	1354(55.9) ^a	424(31.3) ^a	<0.001 ^a	323(23.9) ^a	0.001 ^a
	With others ^a	1069(44.1) ^a	198(18.5) ^a		195(18.2) ^a	
Perceived health status ^a	Poor ^a	1352(55.8) ^a	483(35.7) ^a	<0.001 ^a	374(27.7) ^a	<0.001 ^a
	Neutral ^a	602(24.8) ^a	92(15.3) ^a		89(14.8) ^a	
	Healthy ^a	469(19.4) ^a	47(10) ^a		55(11.7) ^a	
Physical disease ^a	Yes ^a	2126(87.7) ^a	579(27.2) ^a	<0.001 ^a	482(22.7) ^a	<0.001 ^a
	No ^a	297(12.3) ^a	43(14.5) ^a		36(12.1) ^a	
Physical Function ^a _Walking ^a	restricted ^a	45(1.9) ^a	15(33.3) ^a	0.235 ^a	18(40) ^a	0.002 ^a
	possible ^a	2378(98.1) ^a	607(25.5) ^a		500(21) ^a	
Physical Function ^a _Standing ^a	unable ^a	34(1.4) ^a	15(44.1) ^a	0.013 ^a	13(38.2) ^a	0.016 ^a
	possible ^a	2389(98.6) ^a	607(25.4) ^a		505(21.1) ^a	
Physical Function ^a _House chore ^a	unable ^a	96(4) ^a	39(40.6) ^a	0.001 ^a	39(40.6) ^a	<0.001 ^a
	possible ^a	2327(96) ^a	583(25.1) ^a		479(20.6) ^a	

^aValues are presented as a number (%). ^aGDS^a = 8. ^aIncludes single/separated/divorced/widowed^a.

Image 2:

Table 2. Comparison of COVID-19 related factors according to depression and suicidal ideation^a

Variable ^a		Total ^a	Depression ^a		Suicidal ideation ^a	
		N(%) ^a	N(%) ^a	P ^a	N(%) ^a	P ^a
Worry of COVID-19 infection ^a	Yes ^a	1490(61.5) ^a	464(31.1) ^a	<0.001 ^a	355(23.8) ^a	<0.001 ^a
	No ^a	933(38.5) ^a	158(16.9) ^a		163(17.5) ^a	
Worry of COVID-19 infection of family ^a	Yes ^a	1779(73.4) ^a	522(29.3) ^a	<0.001 ^a	407(22.9) ^a	0.003 ^a
	No ^a	644(26.6) ^a	100(15.5) ^a		111(17.2) ^a	
Worry of damage to others ^a	Yes ^a	1773(73.2) ^a	518(29.2) ^a	<0.001 ^a	408(23) ^a	0.001 ^a
	No ^a	650(26.8) ^a	104(16) ^a		110(16.9) ^a	
Loss of income ^a	Yes ^a	813(33.6) ^a	271(33.3) ^a	<0.001 ^a	204(25.1) ^a	0.002 ^a
	No ^a	1610(66.4) ^a	351(21.8) ^a		314(19.5) ^a	
Restriction of daily activity ^a	Yes ^a	1227(50.6) ^a	400(32.6) ^a	<0.001 ^a	296(24.1) ^a	0.001 ^a
	No ^a	1196(49.4) ^a	222(18.6) ^a		222(18.6) ^a	

Image 3:

Table 3. Factors associated with depression and suicidal ideation according to multivariate logistic regression^a

Variable ^a	Depression ^a			Suicidal ideation ^a		
	OR ^a	95% CI ^a	P ^a	OR ^a	95% CI ^a	P ^a
Gender_Male ^a	0.822 ^a	0.634-1.066 ^a	0.139 ^a	1.342 ^a	1.007-1.787 ^a	0.045 ^a
Living status_Alone ^a	1.691 ^a	1.355-2.109 ^a	<0.001 ^a	0.933 ^a	0.737-1.18 ^a	0.563 ^a
Perceived health status_Poor(reference Healthy) ^a	3.977 ^a	2.823-5.603 ^a	<0.001 ^a	1.665 ^a	1.186-2.337 ^a	0.003 ^a
Physical Function_House work_unable ^a	1.610 ^a	0.96-2.698 ^a	0.071 ^a	1.868 ^a	1.098-3.177 ^a	0.021 ^a
Worry of COVID-19 infection_Yes ^a	1.458 ^a	1.094-1.942 ^a	0.010 ^a	1.088 ^a	0.798-1.483 ^a	0.593 ^a
Loss of income_Yes ^a	1.258 ^a	0.994-1.593 ^a	0.056 ^a	1.205 ^a	0.929-1.563 ^a	0.160 ^a
Restriction of daily activity_Yes ^a	1.509 ^a	1.193-1.909 ^a	0.001 ^a	0.962 ^a	0.745-1.243 ^a	0.769 ^a
Depression high risk_Yes ^a	---	---	---	4.505 ^a	3.598-5.642 ^a	<0.001 ^a

Conclusions: These findings showed that increased risk factor for depression and suicidal ideation in community dwelling elderly during COVID-19 pandemic. We confirmed that feelings of isolation and negative perception of health were risk factors on depression in community dwelling elderly in the context of the COVID – 19 pandemic. Also male, poor self-perceived health status, difficulty of independent living and worry and depression are increased the risk of suicidal ideation among the elderly.

Disclosure of Interest: None Declared

Schizophrenia and Psychosis 1

O0127

Antipsychotic treatment and cognitive function in patients with schizophrenia

M. A. Tumova^{1*}, A. A. Stepanova², M. G. Yanushko¹, A. P. Kotsyubinsky² and M. V. Ivanov¹

¹Biological therapy of the mentally ill and ²Department of Biopsychosocial Rehabilitation, V.M. Bekhterev National medical research center psychiatry and neurology, Saint Petersburg, Russian Federation

*Corresponding author. doi: 10.1192/j.eurpsy.2023.328

Introduction: It is known that cognitive impairment is one of the main symptoms of schizophrenia, which determines the functional outcome. The question of the effect of antipsychotics on the cognitive functions of these patients is still unresolved. Cognitive impairment while taking antipsychotics is thought to be mostly related to extrapyramidal abnormalities. In practice, it is difficult to distinguish what causes a patient’s complaints of cognitive decline. Is it related to taking the medication? Or a worsening mental state? Age, lifestyle, etc.?

Objectives: We analyzed the relationship of cognitive impairment with the severity of extrapyramidal symptoms, mental status gravity, age, and dose of antipsychotic and cholinergic medication at weeks 2 and 8 of treatment.

Methods: We examined 37 patients with schizophrenia on stable antipsychotic treatment at weeks 2 and 8 of therapy. Thirty patients received a 2nd-generation antipsychotic, and seven patients received a 1st-generation antipsychotic. The anticholinergic drug was trihexyphenidyl. The antipsychotic dose was estimated in olanzapine equivalent. Extrapyramidal symptoms were assessed by The Scale for Extrapyramidal Symptoms (SAS), severity of mental condition was rated by The Positive and Negative Syndrome Scale (PANSS), cognitive function was measured by The Brief Assessment of Cognition in Schizophrenia (BACS).

Results: As previously described, patients with more severe extrapyramidal symptoms tended to have lower BACS composite scores (rxy = -0.318, p-value = 0.055) at week 8 of therapy. The total score on the SAS scale, as expected, only negatively correlated with scores on the Token Motor Task test (rxy = -0.412, p-value = 0.011) at the 8th week of therapy. There were also negative correlations between