(23 males, age = 16.18±2.85). The severity of these adolescent patients was assessed by depression scale, suicidal risk and self-harm behavior. Nine cognitive tasks were used to evaluate memory, cognitive control and attention abilities for all participants. Bilateral hippocampus were segmented into 12 subfields with T1 and T2 weighted images using Freesurfer v6.0. A mixed analysis of variance was performed to assess the differences in subfields volumes between all patients and controls, and between patients with mild and severe depression. Finally, LASSO regression was conducted to explore the associations between hippocampal subfields and cognitive abnormalities in patients.

Results: We found significant subfields atrophy in the CA1, CA2/3, CA4, dentate gyrus, hippocampal fissure, hippocampal tail and molecular layer subfields in patients. For those patients with severe depression, hippocampal subfields showed greater extensive atrophy than those in mild, particularly in CA1-4 subfields extending towards the subiculum. These results were similar across various severity assessments. Regression indicated that hippocampal subfields abnormalities had the strongest associations with memory dysfunction, and relatively week associations with cognitive control and attention. Notably, CA4 and dentate gyrus had the highest weights in the regression model.

Conclusions: As depressive severity increases, hippocampal subfield atrophy tends to spread from CA regions to surrounding areas, and primarily affects memory function in patients with youth depression. These results suggest hippocampus might be markers in progression of adolescent depression, offering new directions for early clinical intervention.

Disclosure of Interest: None Declared

EPP0303

Interventions to promote social connection and their effect on depression: An umbrella review

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Introduction: Social connection (SC) is a multi-dimensional concept capturing both the structural–quantitative (e.g., number of social relations, social contact frequency, network structure) and the functional–qualitative dimension (e.g., social support) of social relationships. Although empirical evidence of the association between SC measures and depression has increased significantly in recent years (De Risio et al, *J Affect Disord* 2024; 345 358–368), very little is known about the extent to which interventions that build SC are effective in improving depressive symptoms.

Objectives: This umbrella review of systematic reviews/meta-analyses aims to synthesize evidence regarding the effectiveness of SC interventions on depression. Our primary focus is on interventions directly acting upon the natural social network, while indirect interventions that aim to improve social skills, or those that provide professional (formal) or semi-professional support through health services, were excluded.

Methods: We provide a synthesis of the consistency and magnitude of the effectiveness of SC interventions on depression. We searched PubMed, PsycINFO, Cochrane Library, and EMBASE and 16 reviews/meta-analyses were included. Information on the effectiveness of SC interventions on depression were compared among different populations. The quality/certainty of evidence was assessed using AMSTAR-2 and GRADE tools.

Results: Included interventions were categorized into the following domains: social support (interventions increasing both perceived and enacted social support from family, friends, and others); social engagement (interventions aimed at strengthening social networks and contrasting social isolation); social inclusion (interventions promoting social integration and access to social capital); social identification (interventions enhancing participants' identification with a group). Overall, the evidence is rather mixed with some SC interventions resulting in little to no difference in depressive symptoms compared to usual care/other interventions. The most promising interventions appear to be those contrasting social disengagement and reducing social isolation in older individuals and in patients with depression, as well as social inclusion interventions for adolescents and young adults.

Conclusions: The broader implications of SC as a key determinant of depression call for a deep examination of the impact of interventions/preventive programs on the evolving psychopathology of depressive trajectories and inform on which targeted interventions are more effective, thus guiding public health policies.

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EPP0304

Identifying Depression Subtypes and Investigating their Consistency and Transitions in a 1-Year Cohort Analysis

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Introduction: Major Depressive Disorder (MDD) is a complex mental health condition characterized by a wide spectrum of symptoms. According to the Diagnostic Statistical Manual 5 (DSM-5) criteria, patients can present with up to 1,497 different symptom combinations, yet all receive the same MDD diagnosis. This diversity in symptom presentation poses a significant challenge to understanding the disorder in the wider population. Subtyping offers a way to unpick this phenotypic diversity and enable improved characterization of the disorder. According to reviews, MDD subtyping work to date has lacked consistency in results due to inadequate