

## Prevention of Mental Disorders

### EPV1038

#### Can We Pick the Pocket of Post-Intensive Care Syndrome?

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**Introduction:** Post-intensive care syndrome, which includes symptoms of anxiety, depression, and posttraumatic stress, afflicts one-third of critical illness survivors. Symptoms persist and significantly degrade quality of life. No intervention has earned clear evidence of reducing these adverse psychological sequelae. Building on earlier pilot data, psychological support based on positive suggestions (PSBPS), is being investigated in an ongoing, randomized, controlled prospective trial across multiple intensive care unit (ICU) settings in a large, tertiary medical center.

**Objectives:** Recognizing that even sedated patients perceive and internalize communication, we share lessons learned thus far in the art of engaging with sedated, often unresponsive patients.

**Methods:** Our presentation describes this NIH-funded PSBPS study, including the preparatory training and subsequent implementation of a structured script delivered daily to ICU patients, regardless of cognitive status or ability to respond. To interfere with the initial process of fear conditioning/negative memory formation, we introduce mitigating information about potentially traumatic events during the temporal window when initial memory consolidation occurs, reframing the alien, often frightening ICU environment while providing positive suggestions of safety and healing.

**Results:** Psychiatrists characteristically engage alert, communicative patients. Unfortunately, when meaningful cognitive exchange is impossible, further effort is often limited. By contrast, choosing to engage ventilated, sedated patients with active re-interpretation is a novel enterprise. We share technique and lessons learned from the first two years.

**Conclusions:** Consultation psychiatrists are uniquely situated to explore with our critical care colleagues how best to mitigate the corrosive psychological consequences of intensive care and improve the future of ICU survivors.

**Disclosure:** No significant relationships.

**Keywords:** post-intensive care syndrome; posttraumatic stress; psychological support by positive suggestion; ICU care

### EPV1039

#### Duration of therapy and treatment compliance of depressive patients at clinical high-risk for psychosis

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**Introduction:** It is known that early withdrawal can lead to a worsening of mental health. This is particularly relevant for depressive patients with clinical high-risk for psychosis (CHR) for whom the recommended duration of treatment has not been established.

**Objectives:** Analyze the actual treatment duration of depressive patients at CHR after their discharge from hospital and compare it with the group of depressive patients without CHR.

**Methods:** A comparative study of 124 depressive patients with CHR and 27 depressive patients without CHR was conducted within a year after discharge from hospital to assess the therapy duration and treatment compliance.

**Results:** Within a year after discharge only 12.1% depressive patients with CHR and 29.6% ones without CHR continued to receive the therapy. The average duration of treatment after discharge was 7.4 months in the first group and 11.7 months in the second group. The majority of patients stopped treatment for the following reasons (in descending order of importance): lack of awareness of their mental condition (51.9% vs 40.3%), side effects (38.7% vs 11.1%), and negative attitudes towards the treatment on the part of patients' immediate family members (8.9% vs 7.4%).

**Conclusions:** It has been found out that depressive patients with CHR are less likely to follow medical prescriptions than ones without CHR, they are more likely to have the lack of awareness of their mental condition, they are more likely to have side effects of the therapy. These findings require the development of a universal approach to the treatment of such patients after discharge from hospital.

**Disclosure:** No significant relationships.

**Keywords:** Clinical high-risk; lack of awareness; compliance; duration of treatment

### EPV1040

#### Does my lifestyle explain my depression? The role of exercise, diet and smoking in the prevention of depression

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**Introduction:** Depression as a public health concern highlights the importance of prevention. The nature of the disease is complex, linked to numerous biopsychosocial factors. However, it was found that healthiest lifestyle reduced 67% the risk of depressive symptoms. **Objectives:** To review evidence on how exercise, diet, and smoking impact on the risk of depression.

**Methods:** Non-systematic review of literature through search on PubMed/MEDLINE following the terms "Lifestyles", "risk" and "depression".

**Results:** Several studies have shown that exercise reduces the incidence of depressive symptoms and major depressive disorder regardless of intensity, geographic region, age, gender, or follow-up period. Smoking significantly increases the risk of depression, including the ones exposed to second-hand smoking and pregnant women in which prenatal smoking was associated with a three-fold increased risk of postpartum depression. The Mediterranean diet rich in complex carbohydrates, omega-3 fatty acids, B-group vitamins and several amino acids have shown a negative association with the incidence of depression. A high frequency of breakfast consumption, an increased intake of fruits, vegetables, and some