the genome. 100,000 label-swapping max(T) permutation was applied for the interaction term within each analysis.

Results: While no significant interaction term survived the family-wise permutation, two trends emerged. Namely, BMI seems to have positive association with rumination and its maladaptive brooding subtype only in case of GG genotype of rs13412541, otherwise no association can be detected.

Conclusions: Although replication is needed in larger samples, the relationship between rumination and BMI, conditional on *CTNNA2* genotype, can be important in atypical depression, thus may contribute to stratification of depressed patients.

EPP0309

Model-based and model-free decision making in major depressive disorder after performing behavioral training

A. Bampi[*], C. Sorg and F. Brandl

Neuro-Kopf-Zentrum TU Munich, Neuropsychiatry And Neuroimaging Lab, Munich, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.593

Introduction: In major depressive disorder (MDD), reward-based decision-making (DM) is frequently impaired: e.g. patients don't engage in pleasant activities as much as healthy subjects. Put differently, previous and expected future rewards have less reinforcing effects on DM. This study investigated two experimentally well-observable reward-based DM modes, namely model-based (based on cognitive models of the environment) and model-free (based on previous experience) DM.

Objectives: We hypothesized that model-based training can improve reward-based DM in patients with MDD. Answers to these questions could enhance the development of cognitive-behavioral therapeutic interventions.

Methods: 27 patients with MDD were recruited and assessed with psychometry. All patients performed the „two-step Markov decision-task" (Daw, 2011), which allows the simultaneous investigation of model-based and model-free DM via computational modelling. All subjects performed the task 4 times: at the beginning and at the end of 2 assessment days (session-interval: 4 days). Subjects were randomly allocated to an intervention group, which performed model-based training, and a control group, which performed model-free training. The main outcomes of training effect were the influence of model-based reward expectations on decisions (quantified by computational modelling parameters) and overall monetary reward-success.

Results: In all patients, the influence of model-based reward expectations on decisions increased after training. However, there was no significant effect of group allocation. Furthermore, patients in the intervention group did not achieve significantly higher overall monetary reward.

Conclusions: Results suggest that in MDD, the influence of model-based reward expectations on decisions can be improved regardless of specific training type. Future studies should investigate the effects on everyday functioning.

EPP0310

Being a psychiatric resident during COVID times – personal experiences of Hungarian trainees

C. Asbóth[1], E. Gergics[2*], S. Gurzó[3], A. Herczeg[4], A. Hrapcsák[2], F. Kupcsik[1], P. Nagy[5], O. Oláh[6], G. Szilvágyi[5], P. Szocsics[1], Z. Szűcs[7] and I. Bitter[1]

[1]Semmelweis University, Department Of Psychiatry And Psychotherapy, Budapest, Hungary; [2]Péterfy Hospital and Manninger Jenő National Institute of Traumatology, Department Of Psychiatry And Crisis Intervention, Budapest, Hungary; [3]Szent György University Teaching Hospital, Department Of Psychiatry, Székesfehérvár, Hungary; [4]Jahn Ferenc South-Pest Hospital, Department Of Psychiatry, Budapest, Hungary; [5]National Institute of Mental Health, Neurology and Neurosurgery, Nyírő Gyula Hospital, Budapest, Hungary; [6]Saint John Hospital, Family Centred Mental Health Centre, Budapest, Hungary and [7]Szent Borbála Hospital, Department Of Psychiatry And Addictology, Tatabánya, Hungary
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.594

Introduction: During the COVID-19 pandemic residents of the central region of Hungary also had to adapt to several challenges such as changes of hospitals' specialty profiles and delegation of health care workers to COVID wards.
Hungarian residents have their practical training in various hospitals, while their psychiatric academic training is organised in groups.

Objectives: Our aim is to share our personal experiences about how our work and training have changed during the pandemic and it's effect on our patients.

Methods: Participants of the study were the authors of the poster. Responses to open questions were structured based on the following topics: competencies in internal medicine, infectious diseases and psychiatry, our collaboration with other medical disciplines, psychiatric training and attitudes towards mental health patients.

Results: We worked min 2 weeks max 8 months at COVID wards and also treated COVID-19 infected psychiatric patients, thus gaining a greater experience in general medicine. In psychiatric work, acute care became prominent, communication in PPE and restricted contact with patients' relatives were particularly difficult. Our relationship with other specialists has improved, consultation became easier. Increased use and misuse of psychiatric consultation requests led to further pressure. Restrictions, stigmatisation and discrimination increased against psychiatric patients, including difficult access to care. Psychiatric training in the hospitals became limited, however seminars organized by the university continued online with our active participation.

Conclusions: During the pandemic we gained greater experience in general medicine. Psychiatric care and our training was negatively affected, however the latter was mitigated by online seminars.