

Methods: The ongoing OASIS-D study consecutively examines hospitalized patients at 8 German psychiatric university hospitals treated as part of routine clinical care. A sub-group of patients with persistent suicidality after >48 hours post-hospitalization are assessed in detail and a sub-group of those are followed for 6 months to assess course and treatment of suicidality associated with MDD. The present analysis focuses on a preplanned interim analysis of the overall hospitalized population with MDD.

Results: Of 2,049 inpatients (age=42.5±15.9 years, females=53.2%), 68.0% had severe MDD without psychosis and 21.2% had moderately severe MDD, with 16.7% having treatment-resistant MDD. Most inpatients referred themselves (49.4%), followed by referrals by outpatient care providers (14.6%), inpatient care providers (9.0%), family/friends (8.5%), and ambulance (6.8%). Of these admissions, 43.1% represented a psychiatric emergency, with suicidality being the reason in 35.9%. Altogether, 72.4% had at least current passive suicidal ideation (SI, lifetime=87.2%), including passive SI (25.1%), active SI without plan (15.5%), active SI with plan (14.2%), and active SI with plan+intent (14.1%), while 11.5% had attempted suicide ≤2 weeks before admission (lifetime=28.7%). Drug-induced mental and behavioral disorders (19.6%) were the most frequent comorbid disorders, followed by personality disorders (8.2%). Upon admission, 64.5% were receiving psychiatric medications, including antidepressants (46.7%), second-generation antipsychotics (23.0%), anxiolytics (11.4%) antiepileptics (6.0%), and lithium (2.8%). Altogether, 9.8% reported nonadherence to medications within 6 months of admission.

Conclusions: In adults admitted for MDD, suicidality was common, representing a psychiatric emergency in 35.9% of patients. Usual-care treatments and outcomes of suicidality in hospitalized adults with MDD require further study.

Disclosure of Interest: None Declared

EPP0446

The impact of lifestyle on adherence to treatment in a sample of patients with Major Depression

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Introduction: Poor adherence to treatment is currently stated to be one of the causes of depression relapse and recurrence.

Objectives: Aim of the present study was to assess potential differences in terms of clinical and socio-demographic characteristics specifically related to adherence to treatment features, medical comorbidities, and substance abuse in a sample of patients diagnosed with Major Depression in an Italian psychiatric department.

Methods: Patients with a DSM-5 diagnosis of Unipolar or Bipolar Major Depressive Episode, of either gender or any age were

recruited from the Psychiatry Department of Luigi Sacco University Hospital in Milan. Main clinical and socio-demographic variables were collected reviewing patients' medical records. Moreover, adherence to psychopharmacological treatment was assessed using the Clinician Rating Scale (CRS; Kemp et al, 1996; 1998). Adherence was defined as ratings of > or =5 on the CRS. Descriptive and association analyzes were performed, setting the significance level at p<.05.

Results: 80 patients with a diagnosis of Unipolar Major depressive episode (48.9%) and Bipolar Major Depressive Episode (51.1%) were included. For the purposes of the study, the total sample was divided into two subgroups based on adherence to pharmacological treatment (A+ vs A-). Significantly higher rates of inpatients from psychiatric ward were A- compared to A+ patients (84.6% vs 48.1%, p=.011). A- patients were significantly more unemployed (57.9% vs 23.8%, p=.015), were mostly living in their family of origin (50% vs 21.4%, p=.027), and had fewer years of education compared to A+ subgroup (10.52±3.28 vs 12.2±3.1 years, p=.053). Higher rates of Bipolar Depression diagnosis and a prevalent manic polarity lifetime emerged in A- compared to the A+ group (73.1% vs 42.3%, p=.010; 30.8% vs 3%, p=.011, respectively). Moreover, A+ reported significantly higher rates of depressive prevalent polarity lifetime (72.7% vs 30.8%, p=.011). A- reported significantly higher rates of comorbidity with alcohol or other substance use disorders lifetime (46.2% vs 5.7%, p=.006) and almost one involuntary commitment lifetime (23.1% vs 11.1%, p=.013).

Conclusions: In our sample adherence to treatments showed significant differences in terms of clinical and socio-demographic characteristics. Low levels of adherence have been associated with higher hospitalization rates, involuntary commitments, greater comorbidity with alcohol or drugs. Our data therefore seem to suggest that less adherence leads to a worse disease course and a worse quality of life. It therefore appears useful to include an assessment of adherence in the clinical practice and implement interventions to improve therapeutic adherence and ensure a better quality of life.

Disclosure of Interest: None Declared

EPP0448

Depression and quality of sleep in patients with type 1 diabetes being under regular diabetes care

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Introduction: Research indicates that co-morbid diabetes and depression is common; however, the implications for clinical practice remain unclear

Objectives: The aim of the study was to check the prevalence of depression in patients with T1DM who are provided with optimal conditions of diabetes care and to identify possible risk factors connected with affective traits

Methods: Out of the 107 patients, 78 (54 females, 24 males) were included for the analysis (HbA1c [%] 7.11±1.0, BMI [kg/m²] 25.3,

± 5.6; Years of T1DM [N] 13.7±8.3). The patients filled in a set of questionnaires during their regular visit to the outpatient clinic. Three patients from the whole group were on intensive insulin therapy with Multiple Daily Injections (MDI) and Self-Monitoring of Blood Glucose (SMBG), all the rest were on various types of personal insulin pumps (years on insulin pump [N] 9.1±4.5). All the patients were on regular diabetologist care, with regular visits in a Centre for Advanced Technologies in Diabetes (at least every 6 months).

Results: In QIDS-S 26 patients (33.8%) were screened positive for depression, in PHQ 57.7% of the patients (45 patients) had symptoms of depression (age was negatively correlated with PHQ score ($r = -0.26$; $p = 0.023$)). In CES-D 16 (20%) of the patients assessed their present affect as depressed. Quality of sleep was highly correlated with depressive symptoms CESD ($r = 0.61$, $p = 0.001$), PHQ Score ($r = 0.62$; $p = 0.001$), QISD ($r = 0.68$; $p = 0.001$).

Conclusions: The prevalence of affective disorders and poor sleep quality in the examined T1DM patients was much higher than in the general population. Even if the patients have in general good glycemic control, their mental health condition should not be neglected. Well organized cooperation between patients, diabetologists, psychiatrists and psychotherapists is needed.

Disclosure of Interest: None Declared

EPP0449

Affective temperament polygenic risk scores predict depression: investigating the role of environmental factors

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Introduction: Depressive disorders are known heterogeneous both in their clinical manifestations and etiopathophysiology. Affective temperaments have a strong biological background and heritability, manifest at early age and remain stable throughout the life span, and have a pathoplastic effect in depression. Thus, they have been suggested as intermediate phenotypes for depression.

Objectives: Our aim was to investigate if polygenic risk scores (PRS) calculated for the five affective temperaments predict depression and to examine their interaction effects of early and recent stressors.

Methods: 1820 nonrelated participants from a general population were genotyped and provided data on current depression (Brief Symptom Inventory-BSI), early (Childhood Trauma Questionnaire, CHA) and recent stressors (List of Threatening Life Events, RLE), and affective temperaments (Temperament Evaluation of Memphis, Pisa, Paris and San Diego, TEMPS-A). Our previously performed TEMPS-A GWAS analysis was used as discovery sample and the NewMood database as target sample for analysing the effects of affective temperament PRS on depression. Linear regression models were used to calculate the interaction effect of early and recent stressors.

Results: PRSs derived from anxious, cyclothymic, depressive, and irritable temperaments had a significant effect on current

depression, explaining 2.6-7.1% of variance. PRSs calculated from the anxious, depressive and hyperthymic temperaments significantly predicted current depression in interaction with CHA, explaining 10% of variance. In case of interaction models including both early and recent stressors, a significant effect of depressive PRS was found. Detailed results are shown in Table 1.

| | | anxious | cyclothymic | depressive | hyperthymic | irritable |
|---------------------------------|----------------|--------------|--------------|--------------|--------------|--------------|
| on BSI-depression | R ² | .0033 | .0071 | .0032 | .0016 | .0026 |
| | p-value | .011 | .0002 | .011 | .076 | .022 |
| in interaction with CHA | R ² | .1062 | .1037 | .1029 | .1015 | .1022 |
| | p-value | .008 | .551 | .027 | .038 | .531 |
| in interaction with RLE | R ² | .0365 | .0402 | .0362 | .0369 | .0368 |
| | p-value | .396 | .140 | .483 | .227 | .480 |
| in interaction with CHA and RLE | R ² | .1387 | .1384 | .1395 | .1344 | .1348 |
| | p-value | .101 | .400 | .0009 | .981 | .930 |

Conclusions: Our results confirm the genetic association between affective temperaments and depressive symptoms, which highlight their role as possible clinically relevant intermediate phenotypes for depression.

Disclosure of Interest: None Declared

EPP0450

Psychopathy and Depression: The moderating role of Psychopathic Personality Traits between Emotional Competence and Cognitive Functioning

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Introduction: Psychopathic personality traits (PPT) are known to deteriorate emotional and cognitive functions, however, little is known about their role in depression. Nevertheless, depressive symptoms have also shown to be associated with emotional problems and worse cognitive functions and could thus also interact with PPT.

Objectives: This study aimed to set up an integrative model by examining the correlative relationships and moderating role of PPT in the association between emotional competence and cognitive functioning in individuals with depression.

Methods: Data from 373 individuals diagnosed with depression (158 males, 215 females) were investigated. Subjects filled out questionnaires surveying PPT and emotional competences. Furthermore, a comprehensive neuropsychological test battery investigating the cognitive domains Attention/Psychomotor Speed, Executive Functions and Verbal Learning/Memory was administered.

Results: Correlation analyses revealed a significant positive association between emotional competence and overall cognitive functioning. Further, negative associations between emotional competence and the PPT "Blame Externalisation" and "Careless