

EPP0184

Depression among caregivers in emergency and intensive care

N. Rmadi¹, I. Sellami^{1*}, A. Feki², W. Falah³, L. Ghanmi³, M. L. Masmoudi¹, K. Jmal Hammami¹ and M. Hajjaji¹

¹Department Of Occupational Medicine; ²Department of rheumatology, HEDI CHAKER hospital, University of Sfax and ³University of Sfax, SFAX, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.516

Introduction: Working in intensive care units and in emergencies is a stressful job. Taking care of acute and serious pathologies may cause various psychological diseases.

Objectives: This study aimed to screen depression among emergency and intensive care caregivers and to determine factors associated with these disorders.

Methods: This is an exhaustive, descriptive and analytical cross-sectional study that interested paramedical caregivers working in the emergency and intensive care services from south Tunisia. We used an anonymous questionnaire that included sociodemographic, medical and professional characteristics and the subscale of depression from the Hospital anxiety and depression (HAD) scale.

Results: A total of 240 patients participated in the survey. The prevalence of depression was 30.8%. In the univariate study, depression was associated with the female sex ($P=0.006$), university level ($p=0.04$) and anxiety ($p<10^{-3}$). Three risk factors of depression were found in the multivariate analysis: female gender (OR=2.4 [1.1-7]; $P=0.025$), and the university school level (OR=5[1.5-16.7]; $P=0.009$).

Conclusions: Depressive disorders are common among caregivers in emergency and intensive care units. This finding highlights the importance of an early screening of these disorders to improve their management.

Disclosure of Interest: None Declared

EPP0185

Assessing possible moderators on the association between frequency of contact with non-cohabitating adult children and depressive symptoms among community-dwelling older adults

J. Noh^{1*}, H. W. Roh¹, Y. Rho², M. Kim² and J. Beon²

Psychiatry and ²Ajou Univ. School of Med., Suwon, Korea, Republic Of

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.517

Introduction: With the increase of older adult population, late life depression is emerging as a major problem in many countries as it significantly deteriorates function and quality of life in older adults. Late life depression is a multidimensional disease that requires intervention in biopsychosocial perspective. Recent reduction in family size and rapid simplification of generations are making this decrease more dramatic. Thus, single older households are becoming general type of household in late life, emphasizing the importance of social engagement in late life depression

Objectives: the purpose of this study is to assess the correlation between the frequency of face-to-face and non-face-to-face contact with non-cohabitating adult children and late life depression after the COVID-19 pandemic. Additionally, we hypothesized 10 possible moderators and evaluated the moderation effect of each moderator on the correlation. By identifying groups of older adults that are more affected by contact with their children, the understanding of the relationship between late life depression and family contact in older adults might provide insights to set intervention targets in the community.

Methods: Older adults who completed the Living Profiles of Older People Survey in Korea were included. In total, 7,573 participants were analyzed by measuring their contact frequency and depression symptoms. Regression analysis was done adjusting covariates. Process macro was used to verify the moderating effects of variables.

Results: Multivariable logistic regression analysis showed that both infrequent face-to-face (OR=1.87, 95% CI=1.56-2.23) and non-face-to-face contact (OR=1.22, 95% CI=1.03-1.44) with non-cohabitating adult children group was associated with higher risk of late life depression compared to a frequent contact group. Further linear regression analysis, which viewed depressive symptoms as SGDS-K score, indicated consistent results in face-to-face and non-face-to-face contact (estimate=0.468, standard error [SE]=0.091, $p<0.001$ and estimate=0.262, standard error [SE]=0.079, $p<0.001$, respectively). Finally, using moderation analysis, association with late life depression and frequency of face-to-face contact was moderated by age, quartiles of household income, number of chronic diseases, frequency of physical activity, existence of spouse, and nutritional status (NSI) whether effect of frequency of non-face-to-face contact on late life depression was increased by participation in social activity, frequent physical activity, and good cognitive function (MMSE-DS score)(p for interaction <0.05).

Conclusions: Frequent contact of non-cohabitating children lowers the risk of later life depression. Several variables were found significant in moderating contact frequency-depression symptoms.

Disclosure of Interest: None Declared

EPP0186

Obsessive-Compulsive Personality Disorder and Death by Suicide

J. Overholser^{1*}, S. Gomez¹, C. McGovern¹, C. Silva¹ and C. Stockmeier²

¹Psychological Sciences, Case Western Reserve University, Cleveland and ²Psychiatry, University of Mississippi, Jackson, United States

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.518

Introduction: The risk of suicide may be elevated in the presence of personality pathology. Adults with Obsessive Compulsive Personality Disorder (OCPD) may be vulnerable to depression and suicidal thoughts.

Objectives: To identify factors associated with suicide in cases of OCPD.

Methods: Psychological autopsy procedures were used to gather detailed information about adults who died by suicide and natural causes. A total of 75 deceased adults were evaluated using psychological autopsy procedures. Family members were interviewed

about a recently deceased adult, using structured diagnostic interviews (SCID and SIDP-IV). Diagnostic summaries, coroner's reports and police records were reviewed by a psychiatrist, a psychologist, a social worker, and a neuroscientist until agreement was reached about final diagnosis. The final sample included 40 adults who met criteria for OCPD (18 had died by suicide; 20 had died by natural causes). An additional 40 cases were examined in which evidence of PD was absent (19 had died by suicide; 18 had died by natural causes).

Results: The diagnosis of a Major Depressive Disorder was significantly more common in suicide completers with OCPD compared to suicide completers without OCPD ($X^2 = 6.74, p < .01$) or cases of natural death with OCPD ($X^2 = 12.70, p < .001$). Suicide completers with OCPD displayed many symptoms of depression, more often than suicide completers without OCPD or cases of natural death with OCPD (see Table 1). As compared to the cases of natural death, both groups of suicide completers were more likely to have previously attempted suicide prior to their final act ($X^2 = 8.52, p < .05$).

Table 1. Comparison of four groups using psychological autopsy procedures to identify the presence of diagnostic criteria for a Major Depressive Episode at the time of death.

	OCPD Suicide	OCPD Natural Death	No PD Suicide	No PD Natural Death	X^2
Sad mood	82.4%	36.8%	78.9%	50.0%	11.38 **
Sleep disturbance	82.4%	38.9%	73.7%	46.7%	9.53 *
Feelings of worthlessness	60.0%	38.9%	84.2%	17.6%	17.49 ***
Reduced concentration	58.8%	27.8%	57.9%	14.3%	9.89 *
Recurrent suicidal ideation	88.2%	26.3%	78.9%	0.0%	35.57 ***
Loss of pleasure	82.4%	38.9%	73.7%	40.0%	10.80 **
Psychomotor changes	50.0%	33.3%	61.1%	26.7%	5.04
Reduced energy	64.7%	44.4%	63.2%	33.3%	4.12
Change of appetite	70.6%	26.3%	42.1%	31.3%	8.37 *

Note: * = $p < .05$; ** = $p < .01$; *** = $p < .001$

Conclusions: Adults with OCPD appear vulnerable to a Major Depressive episode, and the combination of MDD with OCPD creates a significant risk for death by suicide. It is important to appreciate the influence of personality disorder or depression and suicide risk.

Disclosure of Interest: None Declared

EPP0188

Resveratrol supplementation enhanced SSRIs efficacy in premenopausal women with major depressive disorder

J. Fedotova^{1*} and V. Tseilikman²

¹Neuroendocrinology, I. P. Pavlov Institute of Physiology RASCI, St. Petersburg and ²South Ural State University, Chelyabinsk, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.519

Introduction: Premenopausal period is characterized by cognitive and mood disorders in women (Weber et al. J. Steroid Biochem. Mol. Biol. 2014;142:90–98). Resveratrol (3,5,4'-trihydroxy-trans-stilbene) is a phytoestrogen present in the skin of a range of foods including red grapes, blueberries and peanuts. Resveratrol can act through multiple mechanisms, including binding and activation of estrogen receptors (ER), to increase nitric oxide bioavailability and thereby facilitate the endothelium-dependent vasodilatation necessary for adequate cerebral perfusion (Xia et al. Molecules. 2014;19:16102–16121). Some evidences indicate that resveratrol can improve cognitive processes and emotional state (Kodali et al. Sci. Rep. 2015;5:8075).

Objectives: The aim of the present study was to compare the efficacy the combined treatment of SSRIs (vortioxetine, escitalopram, sertraline and fluoxetine) plus resveratrol (50 mg twice per day) for 6 months therapy on the affective profile of premenopausal woman with clinically confirmed Major Depressive Disorder (MDD)

Methods: For the assessment of affective profile in premenopausal women (35–45 years) with clinically confirmed MDD, we used the different tests: Montgomery-Asberg Depression Rating Scale (MADRS) and Shihan Anxiety Scale (ShARS Scale).

Results: After 6 months of SSRIs plus resveratrol therapy, MADRS Scale showed more significant improvement of the depressive symptoms in premenopausal women with clinically confirmed MDD compared to the SSRIs treatment alone ($p > 0.05$). Moreover, these patients demonstrated a significant low anxiety state using ShARS Scale.

Conclusions: Thus, our pilot clinical study clearly demonstrated that co-treatment with SSRIs plus resveratrol (50 mg twice per day) was able to enhance the therapeutic effects of SSRIs on the affective-related symptoms in premenopausal women. We need to create new approaches to treat the premenopausal women with MDD using a combination of SSRIs with resveratrol.

Disclosure of Interest: None Declared

EPP0189

Perceived family functioning and its association with depressive symptoms severity and quality of life in patients with major depressive disorder

K. Koutra^{1*}, G. Mavroeidis¹, M. Basta² and A. Vgontzas^{3,4}

¹Department of Psychology, University of Crete, Rethymnon;

²Department of Psychiatry & Behavioral Sciences, Faculty of Medicine; ³Mobile Mental Health Unit, University Hospital of Heraklion, University of Crete, Heraklion, Greece and ⁴Sleep Research & Treatment Center, Department of Psychiatry & Behavioral Health, Penn State College of Medicine, Hershey, PA, United States

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.520