

Conclusions: Slow titration with vortioxetine oral drop solution was associated with a very low percentage of patients reporting side effects in general, and nausea in particular, and with a relatively rapid improvement in depressive symptoms.

Disclosure of Interest: None Declared

EPP0646

Unipolar and Bipolar Depressed Inpatients: correlations with Vitamin D and Cognitive Symptoms

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doi: 10.1192/j.eurpsy.2024.1131

Introduction: Cognitive symptoms are the main factor of discomfort in depressed patients, persisting even during clinical remission (Conradi et al. *Psychol Med* 2011;41:1165-74) and inevitably compromising their quality of life (Fehnel et al. *CNS Spectr* 2013;25:1-10). Several studies have suggested the neuro-protective role of vitamin D, both through actions on the genome and rapid non-genomic mechanisms; so, low serum vitamin D levels are related to poorer cognitive performance (Goodwill et al. *JAGS* 2017;2:1-8), depressive disorders (Kjærgaard et al. *Psych Res* 2011;190:221-225) and suicide risk (Umhau et al. *PLoS One* 2013;8:e51543).

Objectives: to investigate relationships between serum vitamin D levels, depressive symptoms and cognitive performance in unipolar and bipolar depressed adults hospitalized for Major Depressive Episode (MDE).

Methods: 80 patients (34 M and 46 F; average age 48,96 ±14,17 years; 40% with bipolar depression) were examined. Depression was investigated using Hamilton Rating Scale for Depression (HAM-D), while cognitive functions were explored by: Rey Auditory Verbal Learning Test (RAVLT) and Rey-Osterrieth Complex Figure (ROCF) to assess verbal and visuospatial memory, respectively; Trail Making Test (TMT) and Stroop Color and Word Test to assess attention, spatial planning and cognitive flexibility. Venous blood sampling was used to determine serum Vitamin D levels (average level 15,67 ± 8,7 ng/ml).

Results: At first, the serum level of vitamin D was found to be inversely correlated with HAM-D scores ($p=0,0079$), so that lower concentrations of vitamin D is related to greater severity of depression. In addition, there were strongly significant positive correlations between low vitamin D levels and poorer RAVLT and ROCF scores and strongly significant negative correlations between vitamin serum level and higher scores in TMT and STROOP test, so that calcidiol deficit is associated with poor cognitive performance. Similarly, patients with higher HAM-D scores were found to have a greater cognitive impairment (lower RAVLT e ROCF scores and higher TMT e STROOP scores).

Conclusions: In accordance with previous works, our study supports the close relationship between serum vitamin D levels and

depressive morbidity. During MDE hypovitaminosis D is related to worse disease indices, such as severity of affective symptoms and cognitive impairment, without substantial differences between clinical manifestations of unipolar and bipolar depression, both in terms of affective and cognitive symptoms and disease severity. Considering that cognitive deficits are truly disabling because they may resist to common antidepressant treatments and, as a result, persist during stages of clinical remission, vitamin d supplementation, by minimizing cognitive dysfunction, could be a good strategy to reduce the risk of relapses and to improve patients' functioning and quality of life.

Disclosure of Interest: None Declared

E-mental Health

EPV0427

Evaluation of User Satisfaction in a Supportive Text Message Program for Public Safety Personnel

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doi: 10.1192/j.eurpsy.2024.1132

Introduction: Public safety personnel (PSP) encounter traumatic events in their workplace, elevating the likelihood of mental health issues. Delivering efficient, evidence-backed interventions, like supportive SMS text messaging programs, can significantly enhance PSPs' mental well-being, garnering high user satisfaction rates.

Objectives: This study evaluates users' satisfaction, receptiveness, and perceptions of the supportive SMS text messaging intervention (Text4PTSI).

Methods: Participants enrolled in the Text4PTSI program and received one-way cognitive behavioural-based supportive text messages for six months. They participated in a web-based survey delivered through SMS text messages at enrollment, six weeks, three months, and six months after enrollment. The participants' perceptions and receptiveness of the program were evaluated through a 5-point Likert scale. Data were represented as categorical variables, and overall satisfaction with the Text4PTSI program was assessed on a scale ranging from 0 to 100.

Results: Of the 131 Text4PTSI program subscribers, 81 participants responded to the survey, yielding 100 responses across the three follow-up time points. The average satisfaction score was 85.12 (SD 13.35). A significant portion of respondents, constituting 79%, agreed or strongly agreed that Text4PTSI helped them manage anxiety. Additionally, 72% reported relief from depressive symptoms, and 54% (54 out of 100 responses) felt less lonely. Moreover, the majority (84%) of participants expressed that Text4PTSI connected them to a support system, improving their mental well-being, felt more hopeful about managing concerns about their mental health or substance use (82%), and helped enhance their overall quality of life (77%). The data also revealed that most participants consistently read the supportive text messages (84 out of 100 responses, 84%), took time to