

## EPV0608

## Preoccupied attachment style and beliefs about medicines in patients with Major Depressive Disorder

G. Santarelli<sup>1\*</sup>, G. Sanfilippo<sup>1</sup>, F. Benvenuti<sup>1</sup>, L. Santoro<sup>1</sup>, A. Nistri<sup>1</sup>, A. Ballerini<sup>2</sup> and V. Ricca<sup>2</sup>

<sup>1</sup>University of Florence, Human Health Sciences, Firenze, Italy and

<sup>2</sup>University of Florence, Human Health Sciences, Firenze, Italy

\*Corresponding author.

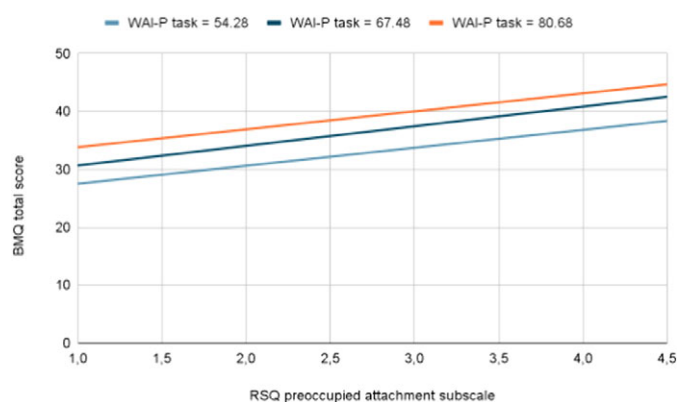
doi: 10.1192/j.eurpsy.2022.1425

**Introduction:** Attachment style is defined by the American Psychological Association as “the characteristic way people relate to others in the context of intimate relationships”. Four attachment styles have been described: secure, fearful, preoccupied, and dismissing. While the effect of attachment style on psychotherapy was widely investigated, few studies have investigated its role in determining beliefs about medicines in patients with Major Depressive Disorder (MDD).

**Objectives:** This study aimed to investigate the relationship between preoccupied attachment style and beliefs about medicines in patients with MDD.

**Methods:** 27 patients admitted in the Psychiatric Unit of Careggi with diagnosis of MDD were enrolled. Working Alliance Inventory - patient version (WAI-P), Relationship Style Questionnaire (RSQ) and Beliefs about Medicines Questionnaire (BMQ) were administered. An ANCOVA model having BMQ total score as dependent variable and age, sex, RSQ preoccupied attachment subscale and WAI-P task subscale as predictors was considered. WAI-P task was intended to assess the role of agreement on therapeutic choices.

**Results:** The overall model was significant ( $F(4,22)=9,571$ ,  $P<0.001$ ) and explained 66.8% of BMQ total score variance ( $R^2=0.668$ ). Both RSQ preoccupied attachment subscale ( $B=3.331$ ,  $t(22)=3.907$ ,  $p=0.001$ ) and WAI-P task subscale ( $B=0.238$ ,  $t(22)=4.565$ ,  $p<0.001$ ) showed a positive correlation with BMQ total scores. RSQ preoccupied attachment subscale explained 44.6% of variance of BMQ total scores (partial  $\eta^2=0.446$ ), WAI-P task explained 52.3% of variance of BMQ total scores (partial  $\eta^2=0.523$ ). Age ( $B=0.059$ ,  $t(22)=1.588$ ,  $p=0.129$ ) and sex ( $F(1,22)=0.035$ ,  $p=0.854$ ) had no significant effect.



**Conclusions:** These preliminary data suggest a possible influence of preoccupied attachment style on beliefs about medicines in patients with MDD.

**Disclosure:** No significant relationships.

**Keywords:** attachment style; beliefs about medicines; major depressive disorder; depressive disorders

## EPV0610

## Mood disorders as a risk factor for family aggregation of somatic diseases

E. Kasyanov\* and G. Mazo

Bekhterev National Medical Center for Psychiatry and Neurology, Translational Psychiatry, Saint-Petersburg, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1426

**Introduction:** Mood disorders (MDs) are associated with somatic diseases and tend to aggregate in families. But there are limited studies on the risk of somatic diseases for relatives of patients with MDs.

**Objectives:** To assess whether a patient's mood disorder diagnosis is associated with a family history of somatic disorders.

**Methods:** This cross-sectional family study included 36 patients with MDs (66.7% women; age - 32 [11.2] years) and 68 of their relatives, and 23 healthy individuals (56.5% women; age - 30.5 [6.9] years) and 53 of their relatives. A Pearson's  $\chi^2$  test was used to compare the frequencies of family history of somatic disease. Logistic regression models were used to determine the independent association of MDs, after adjusting for the effects of sex, age, with binary characteristics.

**Results:** Individuals with and without MDs had different frequencies of family history of cardiovascular (66,7% vs. 43,4%;  $p=0,03$ ) and endocrinological diseases (47,2% vs. 39,1%;  $p=0,04$ ). There were no statistically significant differences in the frequency of family history of gastrointestinal, pulmonary, urogenital and musculoskeletal diseases ( $p>0,05$ ). Logistic regression revealed that MDs diagnosis in patients was a risk factor for cardiovascular ( $p=0.03$ ,  $OR=3.5$ ) and endocrinological disease ( $p=0.04$ ,  $OR=3.7$ ) in their relatives.

**Conclusions:** MDs are associated with the aggregation of somatic diseases in families. Future research is needed to clarify the biological reasons for this association.

**Disclosure:** No significant relationships.

**Keywords:** Depression; somatic diseases; family study; bipolar disorder

## EPV0611

## Associations between implicit and explicit affective inhibitory control, trait rumination and depressive symptoms

M. Nahum<sup>1\*</sup>, T. Van Vleet<sup>2</sup>, J. Jordan<sup>3</sup>, O. Shimony<sup>4</sup> and O. Bonne<sup>5</sup>

<sup>1</sup>The Hebrew University of Jerusalem, School Of Occupational Therapy, Jerusalem, Israel; <sup>2</sup>Posit Science Corp., R&D, San Francisco, United States of America; <sup>3</sup>Dominican University of California, Department Of Psychology, San Rafael, United States of America;

<sup>4</sup>Hebrew University of Jerusalem, School Of Ot, Jerusalem, Israel and

<sup>5</sup>Hadassah Medical Center, Department Of Psychiatry, Jerusalem, Israel

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1427