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EPP0567

Exploring the impact of religiosity and spirituality on depressive symptoms in homeless people

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Introduction: Depression is a major concern among homeless individuals. Studies link religiosity and spirituality (RS) with lesser depressive symptoms, but evidence is scarce among the homeless.
Objectives: This study aims to assess the association between RS and depressive symptoms in homeless individuals in Brazil.
Methods: This cross-sectional study involved 456 homeless individuals in São Paulo, Brazil. It received approval from the Ethics and Research Committee of the Faculty of Medicine of Itajubá, Brazil. We used adjusted linear regression models to analyze the association between RS and participants' depressive symptoms. Depressive symptoms were assessed with the Patient Health Questionnaire-9 (PHQ-9). We used the P-DUREL to measure religiosity, FACIT-Sp12 for spirituality, and the Brief-RCOPE scale for religious-spiritual coping strategies.
Results: Out of 482 invited participants, 456 (94.6%) completed all questionaries, mostly males (75%) with an average age of 44.53 (SD 12.62) years. About 49.6% had depressive symptoms (PHQ-9 ≥10 points). After controlling for sociodemographic and health variables, factors such as temple/church attendance (≥ 3 times per month), increased religiousness (both organizational and intrinsic), positive religious/spiritual coping, and peace, faith and meaning were inversely related to depressive symptoms. Conversely, dysfunctional use of RS, such as in negative spiritual-religious coping strategies, correlated with heightened depressive symptoms.
Conclusions: High depressive symptom prevalence was found among Brazilian homeless individuals. Functional use of RS was negatively linked to depressive symptoms, while dysfunctional RS, like negative spiritual-religious coping strategies, correlated with higher depressive symptoms. These findings can aid healthcare professionals, particularly psychologists and psychiatrists, in addressing RS in the homeless population.

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EPP0568

Efficacy and acceptability of S-adenosyl-L-methionine (SAMe) for depressed patients: a systematic review and meta-analysis of randomized controlled trials

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Introduction: Current treatment options for depression remain unsatisfactory. SAMe, a naturally occurring body chemical available as a dietary supplement, was discovered in the 1950s. SAMe deficiency is associated with depression.
Objectives: This systematic review and meta-analysis aimed to investigate the efficacy and acceptability of SAMe in treating patients with depression. The primary efficacy outcome was measured through the reduction in depression severity scores. All-cause dropout rates were assessed as indicators of treatment acceptability.
Methods: To include the randomized trials comparing SAMe with other agents, we conducted a search on PubMed, Embase, and the Cochrane Library from their inceptions until April 27, 2023. The quality of trials was assessed using version 2 of the Cochrane risk-of-bias tool for randomized trials (RoB 2). Depression severity and overall dropout rates were synthesized using a random-effect model for frequentist pairwise meta-analysis.
Results: We categorized 23 trials (N = 2,234) into 11 trials comparing SAMe vs. placebo, 5 trials comparing SAMe + antidepressant vs. placebo + antidepressants, and 7 trials comparing SAMe vs. antidepressants. SAMe demonstrated a significantly greater reduction in depressive symptoms compared to placebo (SMD = -0.58, 95%CI [-0.93; -0.23], I2 = 68%), as can be seen in Figure 1. A trend was observed wherein SAMe showed a lesser reduction in depressive symptoms compared to antidepressants (SMD = 0.06, 95%CI [-0.06; 0.18], I2 = 49%). When administered alongside ongoing antidepressant treatment, SAMe did not significantly differ from placebo in reducing depressive symptoms (SMD = -0.16, 95%CI [-0.44; 0.13], I2 = 57%). In the subgroup analysis of 11 trials comparing SAMe and placebo, it was found that while the intramuscular (SMD = -0.92, 95%CI [-1.39; -0.44]) and oral routes