EPP0564

Who Is Right? Behavioral Problems from the Perspectives of Parents and Children with ADHD symptoms

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Introduction: Diagnosing behavioral problems in children and adolescents, which include conduct symptoms, anxiety, or somatic complaints, is frequently based on subjective perceptions and interviews with family or caregivers. However, current theoreticians and practitioners of systemic theory are increasingly emphasizing that there are multiple subjective narratives about oneself, the world, and one's symptoms. The question is whether these narratives are equivalent, and if not, under what circumstances do they diverge?
Objectives: The study aimed to investigate whether the perception of behavioral problems among young adolescents with ADHD aligns with their parents' perspective, and whether family bonding is a factor in this association.
Methods: The analytic sample comprised about 200 children, aged 10-14 years, and their parents, mostly coming from well-situated families. The data were collected as a part of the NeuroSmog project. The variables were measured by the Child Behaviour Checklist (CBCL), the Youth Self Report (YSR), the Family Adaptation and Cohesion Evaluation Scales (FACES-IV). The structural equation modelling (SEM) to analyse data was used. The models were also stratified by age, sex, and social status.
Results: There is a significant difference between the perspectives of parents and children regarding the level of behavioral problems. Family bonding is associated with behavioral problems among children, but this relationship is only evident from their perspective.
Conclusions: The perception referring to family narratives has the most significant impact on individual functioning.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0564

Long-term safety and frequency of repeat zuranolone treatment in patients with major depressive disorder rolling over from the randomised CORAL Study into the open-label SHORELINE Study

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Introduction: Zuranolone (ZRN) is a positive allosteric modulator of both synaptic and extrasynaptic gamma-aminobutyric acid type A receptors and a neuroactive steroid approved as an oral, once-daily, 14-day treatment course for adults with postpartum depression in the US and under investigation for adults with major depressive disorder (MDD). The randomised, double-blind, placebo-controlled, Phase 3 CORAL Study assessed the efficacy and safety of ZRN 50 mg vs placebo, each co-initiated with an open-label standard-of-care antidepressant (ADT). Patients who completed CORAL could roll over into open-label SHORELINE, which assessed the safety and tolerability of ZRN 50 mg and need for repeat treatment courses in adults with MDD.
Objectives: To assess the safety and tolerability (primary endpoint) and need for repeat ZRN 50 mg treatment courses (secondary endpoint) in adults with MDD who previously enrolled in CORAL.
Methods: CORAL enrolled adults (18–64 years) with MDD and 17-item Hamilton Rating Scale for Depression (HAMD-17) total score ≥24. After completing the 6-week CORAL Study, patients who enrolled in SHORELINE could enter a 46-week observation period to assess the safety and need for 14-day repeat ZRN treatment course(s), with a total of ≤4 repeat treatment courses permitted. Patients were screened every 2 weeks with the 9-item Patient Health Questionnaire, and scores ≥10 prompted a HAMD-17 assessment within 1 week. Patients with HAMD-17 total score ≥20 were eligible for repeat ZRN course(s) ≥8 weeks after completing the prior ZRN treatment course.
Results: Among the 190 patients from CORAL who rolled over into SHORELINE and received ≥1 ZRN treatment course in either study, 133 (70.0%) had received ZRN+ADT and 57 (30.0%) received placebo+ADT in CORAL. Overall, 118 rollover patients received ≥1 open-label ZRN treatment course in SHORELINE. For patients who received ≥1 ZRN treatment course in either study, 76.8% received 1 (54.2%; 103/190) or 2 (22.6%; 43/190) total ZRN treatment courses across both studies in up to 1 year in study. The most common (>5%) treatment-emergent adverse events (TEAEs) during treatment and 14 days following the last ZRN dose were somnolence (16.1% of patients), dizziness (8.5%), headache (8.5%), fatigue (7.6%), sedation (5.9%), and nausea (5.1%); study-period TEAEs (73.7%; 87/118) for the majority of patients were mild/moderate (69.5%; 82/118) in severity and occurred primarily during the treatment period (58.5%; 69/118). No signals for increased suicidal ideation/behaviour were observed.
Conclusions: Safety and tolerability among rollover patients were consistent with previous studies; most of the TEAEs reported by adults with MDD who received ZRN were mild/moderate in severity. Most patients who rolled over from CORAL to SHORELINE received ≤2 total treatment courses in up to 1 year in study.

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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.

Disclosure of Interest: None Declared

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