

EPP0391

Changes in psychiatric emergencies during COVID-19 pandemic lockdown in El Bierzo (Spain).

Y. Zapico-Merayo, J.M. Pelayo-Terán*, S. Vega-García, M. E. Garcia Llamas, R. Landera-Rodríguez and A. Espandian

Hospital El Bierzo. GASBI. SACYL, Psiquiatría Y Salud Mental, Ponferrada, Spain

*Corresponding author.

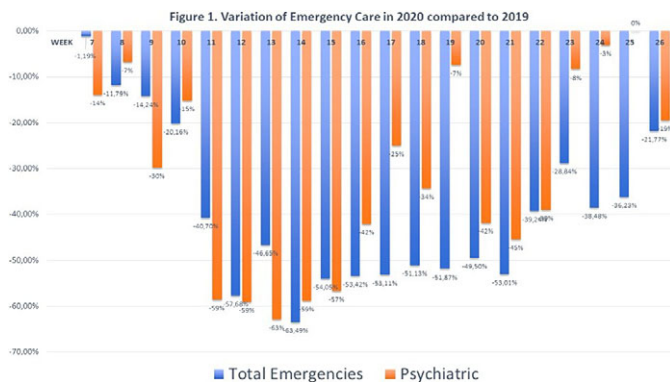
doi: 10.1192/j.eurpsy.2022.658

Introduction: The interest have focused in the effects of COVID-19 in mental symptoms. However, the pandemic and restrictions such as the lockdown decreed in Spain limited access to resources and lead to a change in assistance organization.

Objectives: to compare the incidence and characteristics of psychiatric emergencies during the Spanish 2020 Lockdown with the same period in 2019

Methods: All the emergencies attended the the emergency room (Hospital El Bierzo) From 01/02/2019 to 30/06/2019 and those from 01/02/2020 to 30/06/2020 were analysed by two senior psychiatrists. Cases were selected if attended by any psychiatric reason. The cases were evaluated identifying ICD-10 diagnosis (according to clinical records and best criteria matching), sociodemographics, factors associated to the emergency and resolution.

Results: 23360 cases were attended in 2019 (799 psychiatric), 14907 (578) in 2020. That means a 36.19% of reduction in general emergencies and 27.66% in psychiatric emergencies (psychiatric emergencies proportion increased form 3.42% to 4.03%). The reduction started the week just before the lockdown declaration, minimal records coincided with the highest COVID-19 incidence and the recovery starts in early june for psychiatric and late June for general emergencies (figure 1). A decrease of 62.79% of anxiety cases and 45.9% of depression was observed with no increasas in any diagnosis. A slight increase in suicide attempts (two cases) was observed.



Conclusions: The lockdown seem to decrease psychiatric emergency care. Only suicidability was maintained/increased during the period. Psychiatry services must be aware of the risk of unattended incidence that may cause an increase of cases after the lockdown.

Disclosure: No significant relationships.

Keywords: incidence; Suicide; emergencies; Covid-19

EPP0389

COVID 19 survivors : Feeling suicidal ?

K. Nourchene^{1*}, E. Khelifa², B. Abassi², O. Maatouk², I. Bouguerra³, S. Ben Aissa⁴ and L. Mnif⁵

¹Razi hospital, Skolly, Tunis, Tunisia; ²Razi Hospital, F Adult Psychiatry Department, Manouba, Tunisia; ³Errazi hospital-Mannouba, F, Mannouba, Tunisia; ⁴Razi, Skolly, Manouba, Tunisia and ⁵Hôpital Razi, Psychiatry F, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.659

Introduction: The COVID-19 pandemic is associated with several psychiatric manifestations leaving undoubtedly psychological consequences. However by escaping death ,do COVID-19 survivors present a higher risk for suicide ?

Objectives: In this study, we aimed to explore suicidal risk among recovering COVID 19 patients .

Methods: Our literature review was based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar using the following combination (suicide [MeSH terms]) AND (COVID-19 survivors[MeSH terms]).

Results: Recovering COVID 19 patients are at risk for developing posttraumatic stress disorder , anxiety , depression and sleep abnormalities , especially in severe forms. Added to that ,cognitive impairment was largely described in COVID 19 causing judgment and reasoning decline. These manifestations would partially explain the suicidality among survivors regardless to their medical history. Nonetheless,many COVID-19 survivors experience persistent physical symptoms and psychiatric disorders leading to post-COVID syndrome which is associated with increased suicidal ideation and behavior In addition , social factors are considered as a suicide risk factor such as isolation ,loss of loved ones ,loss of job and economic instability .

Conclusions: Over the course of illness , COVID 19 survivors may suffer from psychiatric and medical conditions leading to serieous suicide risk. Therefore ,suicide prevention interventions and appropriate medical management need to be provided to keep survivors alive .

Disclosure: No significant relationships.

Keywords: survivor; Covid-19; Suicide

Depressive Disorders 02

EPP0391

Personal construct therapy vs. cognitive behavioural therapy in the treatment of depression in women with fibromyalgia: a multicentre randomized controlled trial with a 6-month follow-up

M. Aguilera^{1*}, C. Paz², M. Salla³ and G. Feixas³

¹Universitat de Barcelona, Department Of Cognition, Development And Educational Psychology, BARCELONA, Spain; ²Universidad de Las Américas, School Of Psychology, Quito, Ecuador and ³Universitat de Barcelona, Department Of Clinical Psychology And Psychobiology, BARCELONA, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.660

Introduction: Depressive symptoms are common in patients with Fibromyalgia (FM), a chronic and disabling pain syndrome. Psychological interventions are mostly focused in negative thinking and behavioural activation. However, several studies suggest that personal identity is also affected by FM.

Objectives: We aimed to examine the effects of Personal Construct Therapy (PCT), an idiographic approach that emphasizes identity features and interpersonal construal, on depressive symptoms in women with FM.

Methods: In the context of a multicentre parallel randomized trial (Trial Registry: NCT02711020), 106 women with FM and presenting depressive symptoms were randomized either to either Cognitive Behavioural Therapy (CBT; $n = 55$), taken as a gold standard comparison, or PCT ($n = 51$). In total, 69 patients completed the treatment and the six-month follow-up assessment (CBT = 32 and PCT = 37). Both treatments were applied on case formulation premises.

Results: Linear mixed-effects models were performed to compare depressive symptoms between treatment conditions. Anxiety and pain measures were treated as secondary outcomes. Participants in both conditions significantly reduced their levels of depression and anxiety as well as the impact of FM but no significant between treatment differences were found. Analysis of clinically significant change for depressive symptoms and pain was also similar between both conditions.

Conclusions: PCT resulted equally effective in the treatment of depressive symptoms in women with FM when compared with CBT, both offered in a modular format. Thus, PCT with its focus on identity issues can be considered as an alternative treatment for these patients.

Disclosure: No significant relationships.

Keywords: Fibromyalgia Impact; Treatment Efficacy; Psychotherapy; RCT

EPP0392

The frequency-dependent stimulation effects of rTMS on the performance of problem-solving tasks and ongoing oscillations

E. Miyauchi* and M. Kawasaki

University of Tsukuba, Faculty Of Engineering, Tsukuba, Japan

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.661

Introduction: Recent studies suggest that online repetitive transcranial magnetic stimulation (rTMS) can induce local entrainment of ongoing endogenous oscillatory activity that impacts cognitive performance, and the effect may depend on the function of the oscillation. However, little is known about the effects of task-specific frequencies, especially when using an online rTMS paradigm. Our previous electroencephalogram (EEG) study showed that the frontal theta rhythm is associated with the cognitive giving-up processes during problem-solving tasks.

Objectives: In this study, we combined online rTMS and EEG to examine the frequency-dependent stimulation effects of rTMS on the performance of problem-solving tasks and ongoing oscillations. We hypothesized that rTMS at the theta frequency would induce ongoing theta activity and accelerate the giving-up behaviour.

Methods: rTMS was applied during problem-solving tasks with the following conditions: individual theta (4-6Hz)- and alpha (9-13Hz)-TMS, no-TMS, and sham-TMS; the order of conditions was counterbalanced across participants.

Results: Our results showed that theta-frequency rTMS application induced an increase in theta amplitudes and shortened the giving-up response, while a control alpha-frequency rTMS application induced an increase in alpha amplitudes, but did not change giving-up responses.

Conclusions: This study demonstrated the effectiveness of using specific task-relevant stimulation frequency and target location for the modulation of cognitive and behavioral performance. Furthermore, considering the close resemblance between giving-up behaviour and rumination in depression, neuromodulation of cognitive giving-up processes may lead to a new intervention to treat depression by rTMS.

Disclosure: No significant relationships.

Keywords: EEG; TMS; rumination; theta

EPP0393

Less basal thyrotropin levels predict antidepressant response in patients with major depression

R. Navinés^{1*}, G. Oriolo¹, M. Mora², M. Caverio³, E. Gómez-Gil² and R. Martín-Santos³

¹Hospital Clínic, Ipsi psychiatry And Psychology, Barcelona, Spain;

²Hospital Clínic, Endocrinology And Nutrition, Barcelona, Spain and

³Hospital Clínic, 1department Of Psychiatry And Psychology, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.662

Introduction: The close association among thyroid metabolism, mood disorders and behavior has long been known. The role of basal thyroid axis in antidepressant treatment response is less known.

Objectives: The aim of the present study was to study the association of basal serum thyrotropin (TSH) levels, with antidepressant treatment response in major depressive disorder.

Methods: Thirty-one depressed adult outpatients were included. Major depressive episode was diagnosed through the MINI (DSM-IV-TR) interview. Clinical symptomatology and blood samples were assessed at baseline, and at 4- and 8-weeks of either escitalopram or sertraline. Treatment response was defined by an improvement $\geq 50\%$ in MADRS scores at 4-, and 8-weeks. Basal TSH levels were included in a linear regression model as predictor of treatment response.

Results: Twenty-seven patients finished 8-weeks of treatment. Response to treatment was of 74% at 4-weeks, and 63% at 8-weeks of antidepressant treatment. Basal median TSH levels were between normal ranges ($M+SD=1.85+1.02$ mIU/L). Basal TSH levels not correlated with basal MADRS scores, but with higher MADRS scores at week-4 ($r=0.415$, $p=0.031$) and at week-8 ($r=0.392$, $p=0.043$). Moreover, less baseline TSH levels trend to be a significant good predictor for treatment response at 4-weeks ($R^2=.116$, $p=.083$); and a good predictor at 8-weeks treatment ($R^2=.147$, $p=.049$).

Conclusions: Baseline TSH levels even within the normal range may play a role in predicting antidepressant response.