

**Disclosure:** No significant relationships.

**Keywords:** tirotrrophin; major depression; antidepressant response; MADRS

### EPP0394

#### Procalcitonin as new inflammatory mediator in cases of 1st episode drug naive major depressive disorder: a case-control study

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**Introduction:** Procalcitonin (PCT) is the prohormone of calcitonin. Whereas calcitonin is only produced in the C cells of the thyroid gland as a result of hormonal stimulus, PCT is secreted by different cells from numerous organs in response to proinflammatory stimulation, particularly bacterial overactivity, also procalcitonin level might be elevated during the depressive episode as a result of inflammatory theory. PCT assessment is not fully studied in different psychiatric disorders and particularly in major depressive disorder.

**Objectives:** 1-To study the level of Procalcitonin level in 1st episode drug naive major depressive disorder. 2-To investigate the relation between procalcitonin level and cognitive dysfunctions in these patients 3-To illustrate the role of PCT in psychopathology of Major depressive disorder

**Methods:** 1-Socio-demographic data of the target group of patients 2-Psychiatric evaluation using DSM 5 diagnostic criteria 3-Hamilton rating scale of Depression 4-Laboratory assessment of Procalcitonin level (PCT) using VIDAS® B·R·A·H·M·S PCT™ 5-Cognitive evaluation using novel battery of THINC-IT

**Results:** 1-Elevated level of Procalcitonin(PCT) in the targeted patients in comparison to control group 2-The level of PCT is positively associated with the cognitive dysfunctions reported in these patients. 3-The severity of depressive psychopathology is related positively to the elevated level of PCT

**Conclusions:** Procalcitonin (PCT) assessment played an important role in the etiopathogenesis of 1st episode drug naive major depressive disorder, also it has a crucial role in the cognitive dysfunctions commonly reported in these patients

**Disclosure:** No significant relationships.

**Keywords:** Procalcitonin; inflammatory; Depressive

### EPP0395

#### Childhood trauma and anger in adults with and without depressive and anxiety disorders

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**Introduction:** Childhood trauma is associated with an increased risk of anxiety and depressive disorders, but its association with anger, irritability, and related constructs has received less attention.

**Objectives:** We aimed to investigate (1) the relationship between childhood trauma and anger constructs in adulthood, and (2) which types of childhood trauma is most predictive.

**Methods:** In the Netherlands Study of Depression and Anxiety (NESDA), childhood trauma at baseline was assessed with a semi-structured interview. Childhood trauma was analyzed in relation to the Spielberger Trait Anger Subscale (STAS), the Anger Attacks Questionnaire, and the cluster B personality traits part of the Personality Disorder Questionnaire 4 (PDQ-4), measured at 4-year follow-up, using analysis of covariance (ANCOVA) and multivariable logistic regression analyses, adjusting for sex, age, level of education, BMI, smoking, alcohol dependency/abuse, disorder status.

**Results:** Participants were on average 42.1 years (SD = 13.1), and 66.3% (n = 1.508) were female. Childhood trauma showed a dose-response association with all anger constructs. Zooming in, emotional neglect, and psychological, and physical abuse were associated with all anger constructs, independently of depression or anxiety. Additionally, sexual abuse and childhood life events were associated with trait anger and borderline personality traits, and trait anger and antisocial personality traits retrospectively.

**Conclusions:** Childhood trauma is linked with anger in adulthood. Childhood trauma may cause not only anxiety and depression, but also anger, and tailored interventions (at both childhood trauma and anger itself) might help to improve unsatisfactory relationships and prevent violent behaviors.

**Disclosure:** No significant relationships.

**Keywords:** Childhood Trauma; Anger; Depression; Anxiety

### EPP0396

#### The role of the practice nurse in the management of Postpartum depression

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**Introduction:** Nurses specializing in maternal and child health are poised to play a pivotal role in the early identification and prompt treatment of perinatal depression. Postpartum period it is well-known for presenting high-risk for the appearance of a mental illness.

**Objectives:** This study has been carried out with the aim of investigating the level of knowledge of the nurses and their role in the management of post-partum depression.

**Methods:** 73 participants (n=73) were selected which are professional nurses. The data were collected through a questionnaire

formed out of 16 questions. The questionnaire is structured on three parts: general information about the participants, the nurse's knowledge about the postpartum depression, and the identification and the management of the patient's cases.

**Results:** 73 of the nurses questioned, consider that they were not properly prepared for this role and they were not able to identify and manage the patients with post-partum depression. They also consider that the ideal training should contain more theoretical information. Amongst these (32, 87%) do not know the symptomatology, and 38, 35% are not aware of the risk factors of post-partum depression.

**Conclusions:** Postpartum depression is seen in approximately 10% of women who have recently given birth, but also in 3, 3% of men. Despite of this numbers, the Romanian medical staff is not yet well prepared in facing this affection.

**Disclosure:** No significant relationships.

**Keywords:** post-partum depression; nursing; management of post-partum depression

### EPP0397

#### Basal and LPS-stimulated inflammatory markers and the course of individual symptoms of depression and anxiety

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**Introduction:** A cross-sectional relationship between low-grade inflammation –characterized by increased blood levels of C-reactive protein (CRP) and pro-inflammatory cytokines– and both MDD and anxiety has been reported, but the potential longitudinal symptom-specific relationships has been less well studied.

**Objectives:** We aimed to test our hypothesize that inflammation is predictive of the severity and the course of a subset of MDD and anxiety symptoms, especially symptoms that overlap with sickness behavior, such as anhedonia, anorexia, low concentration, low energy, loss of libido, psychomotor slowness, irritability, and malaise.

**Methods:** We tested the association between basal and lipopolysaccharide (LPS)-induced inflammatory markers with individual MDD symptoms (measured using the Inventory of Depressive Symptomatology Self-Report) and several measures for symptom domains of anxiety over a period of up to 9 years using multivariate-adjusted mixed models in up to 2872 Netherlands Study of Depression and Anxiety (NESDA) participants.

**Results:** At baseline, 53.9% of the participants had a current mood or anxiety disorder. We found that basal and LPS-stimulated inflammatory markers were more strongly associated with sickness behavior symptoms at up to 9-year follow up compared to non-sickness behavior symptoms of depression. The associations with anxiety symptoms attenuated by 25%-30% after adjusting for the presence of (comorbid) MDD.

**Conclusions:** Inflammation was related to the presence and the course of specific MDD symptoms, of which the majority overlapped with sickness behavior. The associations between inflammatory

markers and anxiety symptoms were partly driven by co-morbid MDD. Anti-inflammatory strategies should be tested in the subgroup of MDD patients who report depressive symptoms related to sickness behavior.

**Disclosure:** No significant relationships.

**Keywords:** Anxiety; inflammation; Course trajectory; Depression

### EPP0398

#### The risk of depressive symptoms in offspring exposed to prenatal alcohol and tobacco use: evidence from a population-based longitudinal study.

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**Introduction:** Evidence from epidemiological studies indicated that intrauterine exposure to alcohol and tobacco is linked with a number of adverse outcomes in offspring. However, few studies have linked prenatal alcohol and tobacco exposures to offspring depressive symptoms with mixed results.

**Objectives:** The objective of this study was to examine the link between prenatal alcohol and tobacco exposures and depressive symptoms in offspring.

**Methods:** Using data from the Raine Study, a prospective multi-generational observational study, we examined the associations between maternal prenatal alcohol and tobacco use and the risk of depressive symptoms in offspring at age 17 years (N=1168). Depressive symptoms in offspring were measured using the Beck Depression Inventory for Youth. Log-binomial regression was used to estimate relative risk (RR) for associations between exposures and outcome. To better investigate the role of potential confounders, risk factors were sequentially added as adjustment variables in separate models.

**Results:** After adjustment for potential confounders, depressive symptoms in offspring remained related to maternal alcohol use of six or more standard drinks per week during the first trimester of pregnancy [RR 1.59 (95% CI: 1.11-2.26)]. Further, the risk of depressive symptoms was 50% higher for offspring exposed to prenatal tobacco use when compared to non-exposed. The Associations did not appear to be mediated by the effects of prenatal alcohol and tobacco use on adverse pregnancy outcomes.

**Conclusions:** Early screening and prevention of these exposures could possibly reduce depressive symptoms in offspring. Moreover, future examinations such as Mendelian Randomization that allow a stronger causal inference is warranted.

**Disclosure:** No significant relationships.

**Keywords:** tobacco; offspring; alcohol; depressive symptoms