

trials to assess whether side effect ratings co-vary with HDRS-17 ratings. Specifically, data from all HDRS-17-rated, industry-sponsored pre- and post-marketing trials ($n = 4647$) comparing the serotonin and noradrenaline reuptake inhibitor, duloxetine, to placebo and/or to a selective serotonin reuptake inhibitor were pooled. Severity was assessed for side effects related to sleep, somatic anxiety, gastrointestinal function, and sexual dysfunction. Analysis of covariance was used to assess the relation between these side effects and ratings of relevant HDRS-17-derived outcome parameters. Side effects related to sleep, somatic anxiety and sexual dysfunction significantly and exclusively associated with higher scores on HDRS-17 items measuring the corresponding domains. Side effects related to gastrointestinal function associated with higher HDRS-17 item scores on all assessed domains. Treatment outcome was significantly related to side effect severity when assessed using HDRS-17-sum (beta 0.32 (0.074), $p < 0.001$), but not when the HDRS-6-sum-score (beta 0.035 (0.043), $p = 0.415$) or the depressed mood item (beta 0.007 (0.012), $p = .527$) were used as effect parameters. That some HDRS-17 items co-vary with common antidepressant side effects likely leads to an underestimation of antidepressant efficacy. Finally, based on data from a recent study (2), it will be argued that the Montgomery-Åsberg Depression Rating Scale is biased in the same direction as the HDRS-17 (underestimates antidepressant efficacy), albeit to a lesser extent.

References: 1. Hieronymus et al. Do side effects of antidepressants impact efficacy estimates based on the Hamilton Depression Rating Scale? A pooled patient-level analysis. *Transl Psychiatry*. 2021;11:249.

2. Hieronymus et al. The response pattern to SSRIs as assessed by the Montgomery-Åsberg Depression Rating Scale: a patient-level meta-analysis. *World Psychiatry*. 2022;21:472-473.

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S0007

Digital tools for at-distance psychiatric support in war time

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Abstract: Digital technologies help to improve the work of psychiatric services through the use of modern approaches.

The use of telepsychiatry (TP) during war allows people with psychiatric disorders to receive quality treatment that would otherwise be unavailable.

TP and other digital technologies are an important resource for providing psychiatric care to internally and externally displaced persons affected by war.

As our experience shows, the conditions for effective use of TP are availability of legislative, technical and staff base. The services are implemented according to the protocol, which defines the methods of treatment's effectiveness evaluation.

The presentation will provide methodological approaches to the use of TP and other digital tools.

Disclosure of Interest: None Declared

S0008

Current Controversies in Antidepressant Therapy: A Patient-level Perspective

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Abstract: The value of pharmacological antidepressants have been contested since they were first introduced in the 1960s, but the points of contention have varied over time. This session will examine and critically discuss some of the concerns that are commonly voiced today, with particular emphasis on the evaluation of efficacy. The session will cover topics such as the utility of dichotomized outcome measures (e.g., response and remission) and whether the use of these measures risk inflating apparent efficacy, whether antidepressant effect sizes are too small to be clinically meaningful, and whether there is individual variability in the response to pharmacological antidepressants.

Disclosure of Interest: F. Hieronymus Speakers bureau of: I have received speaker's fees from Janssen and H Lundbeck.

S0009

What does the immunometabolic status tell us about depression?

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Abstract: Despite being a clinical identifiable entity, major depressive disorder (MDD) is a heterogeneous clinical syndrome, with a variety of clinical presentations which likely reflects different biological underpinnings. The identification of biologically-based depression symptoms profiles would be of great importance to unravel different pathophysiological pathways in MDD and therefore to achieve more precise and personalized therapeutical approaches as well as preventive strategies.

Converging evidence from epidemiological and clinical studies, points to the importance of inflammation in MDD, shown by increased levels of pro-inflammatory proteins and increased

inflammation-related comorbidities, including metabolic diseases. In fact, there exists a bidirectional relationship between inflammation and metabolic dysfunction that could be linked to multiple factors, including life style, stress and genetic predisposition. MDD patients exhibit several metabolic disturbances such as overweight, insuline resistance and dyslipidemia, among others, which are not always fully explained by life style factors. These findings have led to the formulation of an immunometabolic hypothesis, which could be present in a subgroup of MDD patients, associated to specific symptoms and clinical features.

In this presentation, data reflecting the complex relationships and interactions between immune and metabolic disturbances in MDD will be shown. In particular, it will be shown how machine learning approaches can be useful to disentangle the clinical and biological heterogeneity of MDD, using immunometabolic biomarkers.

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S0010

Exploring the role of lifetime brain maturation trajectories and their determinants in the onset of psychiatric disorders

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Abstract: Recently, the diffusion of sophisticated neuroimaging techniques has tremendously advanced our understanding of brain structure and function. Nevertheless, **the current knowledge of the neurobiology of complex mental illnesses** - like major psychoses and depression - **is limited, hindering the development and validation of biomarkers for diagnosis, prognosis, and prediction of treatment response.**

Increasing evidence is suggesting a crucial role of environmental, personal, and behavioral processes, interacting among themselves and with genetics, in shaping mental functioning and psychopathological risk. In this context, the study of brain maturation trajectories and of their association with genetic and environmental factors can provide key insights on the risk for the emergence of mental illnesses over lifetime.

The present lecture will provide an **overview of our recent research on the brain underpinnings of psychotic and affective disorders onset during either adolescence/young adulthood or late adulthood.** Evidence obtained from young samples of twins will be presented to provide useful information on the **genetic and environmental determinants of physiological and pathological neurodevelopmental trajectories.** The complex **relationships among life events, brain morphology and connectivity, and psychopathology** will be discussed by showing our recent findings on multicentric transdiagnostic samples of young adults and elders. Special focus will be given to the brain mechanisms affected by social stressors, including discrimination and bullying, as well as chronic stress, and their possible role in facilitating the onset or in enhancing the severity of psychotic and affective disorders.

Disclosure of Interest: None Declared

S0011

Physical comorbidities in people with severe mental disorders: promises and future challenges

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Abstract: The comorbidity of mental and physical disorders is gradually becoming recognized as a major problem for health care. Its public health importance is vast and growing for a variety of reasons including the extension of life expectancy, the imperfection of currently available treatments of mental and many physical disorders and the tendency of fragmentation of medicine into ever more limited specialties. The problems related to comorbidity are also rapidly increasing in low- and middle-income countries where in addition to the issues mentioned above there is also a scarcity of means to deal with them.

The presentation will remind the audience of the complexity of the problems and draw attention to action that could be taken by public health authorities and the medical profession in the areas of teaching, organization of service and research.

Disclosure of Interest: None Declared

S0012

Exploring the Restoration of Brain Connectivity during Weight Normalization in Severe Anorexia Nervosa

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Abstract: Anorexia nervosa is a persistent and often difficult to treat eating disorder with significant physical and mental health consequences. While it is known that the disorder is associated with alterations in brain functional connectivity during the phase of acute underweight, the effect of weight normalization on brain connectivity remains unclear.

This talk focuses on the recovery of intrinsic brain connectivity during weight normalization in severe anorexia nervosa, presenting data from a longitudinal study. Using resting-state functional magnetic resonance imaging, we assessed brain connectivity at three different stages of inpatient treatment. Our findings indicate that patients with severe anorexia nervosa have weaker intrinsic connectivity and altered network topology, which do not improve during treatment. These persistent disruptions in brain networks suggest that severe anorexia nervosa may have long-term effects on the way the brain processes information, even after weight is restored.

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