

## EPP0677

**Comorbidities of anxiety disorders in bipolar patients: therapeutic complexity**S. Bahetta<sup>1\*</sup> and N. El moussaoui<sup>2</sup>Psychiatric hospital arrazi, Sale and <sup>2</sup>Psychiatric hospital arrazi, Morocco, Morocco

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**Introduction:** Numerous clinical and epidemiological studies show that the rate of comorbidity of anxiety disorders is high in bipolar patients compared to the general population. This is associated with a poorer prognosis, poorer functioning and higher suicidal risk. Anxiety comorbidity should therefore be carefully investigated.

**Objectives:** Our main objectives are to explore the therapeutic complexity of anxiety disorders in patients with bipolar disorder. To investigate the existence of psycho-pathological links and vulnerabilities between bipolar disorder and anxiety disorders.

**Methods:** through a clinical vignette and a review of the existing literature on the comorbidity of anxiety disorders and bipolar disorders, and the resulting therapeutic issues

**Results:** Anxiety comorbidity is quite common in the bipolar population. In the American National Comorbidity Survey (NCS), lifetime comorbidity is close to 90%. Two recent French clinical studies show the existence of at least one anxiety disorder in approximately 25% of bipolar subjects (24% and 27.2%), which will have an impact on the course of the bipolar disorder, with a particular increase in the risk of suicide, hence the importance of adequate treatment. This treatment faces two obstacles: the risk of manic episodes under antidepressants and the risk of dependence on benzodiazepines. Emphasis is also placed on non-drug approaches, including cognitive-behavioural and psycho-educational therapies.

**Conclusions:** Anxiety comorbidity is not without consequence on the evolution of bipolar disorder. Its particularly high prevalence means that it cannot be neglected or ignored in current practice.

**Disclosure of Interest:** None Declared

## EPP0678

**Work Stress, Overcommitment and Somatization among Early Childhood Professionals during COVID-19: A Cross-sectional Study**

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**Introduction:** In addition to posing major public health challenges, the COVID-19 pandemic has affected psychological and physical stressors in workplaces as well as strain by workers worldwide. Even prior COVID-19, the working conditions of early childhood professionals (ECPs) were described as critical leading to (psycho) somatic complaints. Despite the high societal relevance of ECPs and the potential increase in stressors caused by COVID-19, there is

a lack of empirical evidence to which extent work-related demands had an adverse effect on ECPs health during COVID-19.

**Objectives:** We aimed to obtain updated prevalence rates of somatic symptoms of ECPs as well as unfavourable working conditions inducing stress (in terms of an effort-reward imbalance; ERI) in childcare. The overall objective was to establish associations between work stress and health during the early phase of the pandemic. Given the tendency of ECPs to overcommit themselves, we further explored the potential moderating role of overcommitment.

**Methods:** Between June 2020 and May 2021, questionnaire data was collected using validated instruments (i.e., ERI, PHQ-15) from ECPs in childcare centers as well as from family providers ( $N = 1.009$ ). ECPs were informed about the study and contacted through the youth welfare office. Multiple logistic regression tested the influence of ERI and overcommitment on the severity of somatic symptoms. It was controlled for age, gender as well as leadership position. SPSS 28.0 was used to analyze the data.

**Results:** The ERI ratio of the sample averaged 1.28 ( $SD = 0.45$ ), with 72.7% of subjects exceeding the critical cut-off value  $> 1$ , indicating a gratification crisis. The averaged sum score of the PHQ-15 was 8.99 ( $SD = 5.43$ ). Based on a PHQ-15 cut-off  $\geq 10$ , the overall prevalence of somatization at a moderate to high level is estimated to be 44.6%. The mean overcommitment score was 15.14 ( $SD = 3.55$ ) and 23.4% of ECPs were in the highest overcommitment tertile. ERI ( $OR = 4.12$ , 95%  $CI: 2.73 - 6.22$ ) and overcommitment ( $OR = 5.20$ , 95%  $CI: 2.17 - 12.47$ ) were associated with an increased likelihood of greater severity of somatic symptoms. Yet, the interaction effect between both predictors remained non-significant. Being female and having no leadership position were predictors for a moderate to high level of somatization.

**Conclusions:** The results demonstrate the high relevance of work stress for somatic health among ECPs in the midst of a pandemic. Given the high overall prevalence of somatic symptoms and the female-dominated work sector, ECPs may be at high risk for somatoform disorders. There remains a strong need for action to reduce work-related stress in order to decrease the somatic symptom burden. Large-scale and longitudinal studies are needed to further investigate coping with and persistence of somatic symptoms among this occupational group.

**Disclosure of Interest:** None Declared

## EPP0679

**The effect psychobiotics on anxiety symptoms**Y. Denysov<sup>1\*</sup>, G. Putyatin<sup>1</sup>, S. Moroz<sup>2</sup> and V. Semenikhina<sup>2</sup>

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**Introduction:** Psychobiotics are a group of probiotics that affect the central nervous system related functions and behaviors mediated by the gut-brain-axis via immune, humoral, neural, and metabolic pathways to improve not only the gastrointestinal function but also the antidepressant and anxiolytic capacity.

**Objectives:** An assessment of psychobiotic and anti-anxiety effects a probiotic supplement containing *Lactobacillus Plantarum* CECT7485 and *Lactobacillus Brevis* CECT7480 (PLANTARUM) in patients with anxiety undergoing treatment with selective serotonin reuptake inhibitors (SSRI) antidepressants.

**Methods:** Sixty patients with mixed anxiety and depressive disorder (according to ICD-10 diagnostic criteria F41.2) were included in an 8-week open label study. Thirty participants received either SSRI antidepressants with PLANTARUM at a dose of  $1.0 \times 10^9$  CFU once per day and thirty patients received SSRI antidepressants only. The severity of anxiety symptoms was assessed using Hamilton Anxiety Rating Scale (HAM-A) and General Anxiety Disorder Scale (GAD-7).

**Results:** After 8 weeks intervention, a significant reduction of HAM-A total score (from  $37,8 \pm 5,3$  to  $23,6 \pm 4,4$ ) was detected in patients with anxiety who prescribed SSRI antidepressants and PLANTARUM ( $p < 0,05$ ), compared with participants who didn't receive probiotics ( $p > 0,05$ ). Also, a significant reduction of GAD-7 total score (from  $21,7 \pm 3,3$  to  $12,5 \pm 2,4$ ) was detected in patients with anxiety symptoms who received SSRI antidepressants and PLANTARUM ( $p < 0,01$ ), compared with patients who didn't intake probiotics ( $p > 0,05$ ).

**Conclusions:** The present data illustrated that probiotic supplement PLANTARUM is a feasible for adjunctive to SSRI antidepressants intervention for anxiety treatment.

**Disclosure of Interest:** None Declared

## EPP0680

### Effects of probiotic supplement *Lactobacillus Plantarum* CECT7485 and *Lactobacillus Brevis* CECT7480 on sleep quality in patients with anxiety and depression comorbidity

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**Introduction:** Recent studies have supported that *Lactobacillus plantarum* can reduce the severity of anxiety and depression. However, previous studies did not focus on the sleep quality. This study determines whether *Lactobacillus Plantarum* CECT7485 and *Lactobacillus Brevis* CECT7480 reduce the severity of insomnia, and improves sleep quality in patients who comorbidity of depression and anxiety disorders.

**Objectives:** An assessment of insomniac effects a probiotic supplement containing *Lactobacillus Plantarum* CECT7485 and *Lactobacillus Brevis* CECT7480 (PLANTARUM) in patients with anxiety and depression comorbidity undergoing treatment with selective serotonin reuptake inhibitors (SSRI) antidepressants.

**Methods:** Sixty patients with mixed anxiety and depressive disorder (according to ICD-10 diagnostic criteria F41.2) were included in an 8-week open label study. Thirty participants received either SSRI antidepressants with PLANTARUM at a dose of  $1.0 \times 10^9$  CFU

once per day and thirty patients received SSRI antidepressants only. The severity of insomnia was assessed using Insomnia Severity Index (ISI). The severity of depressive symptoms was rated using Hamilton Depressive Rating Scale (HDRS). The severity of anxiety symptoms was assessed using Hamilton Anxiety Rating Scale (HAM-A) and General Anxiety Disorder Scale (GAD-7).

**Results:** After 8 weeks intervention, a significant reduction of ISI total score (from  $22,1 \pm 2,8$  to  $14,1 \pm 2,1$ ) was detected in patients with anxiety and depression who prescribed SSRI antidepressants and PLANTARUM ( $p < 0,05$ ), compared with participants who didn't receive probiotics ( $p > 0,05$ ). Also, we detected a significant improve sleep quality of insomniac patients with comorbidity of anxiety and depressive symptoms ( $p < 0,05$ ) who received SSRI antidepressants and probiotic supplement *Lactobacillus Plantarum* CECT7485/*Lactobacillus Brevis* CECT7480.

**Conclusions:** The present data illustrated that probiotic supplement *Lactobacillus Plantarum* CECT7485 and *Lactobacillus Brevis* CECT7480 is a feasible for adjunctive to SSRI antidepressants intervention for insomniac patients with anxiety and depressive comorbidity

**Disclosure of Interest:** None Declared

## COVID-19 and related topics 07

### EPP0681

#### The impact of severe mental illness (SMI) on the rate of COVID-19 vaccine uptake and hesitancy

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**Introduction:** The COVID-19 pandemic has disproportionately affected patients with severe mental illness (SMI), a vulnerable population with high morbidity and mortality. A UK-based study found reduced vaccination rates in patients with SMI; they therefore need to be prioritised for prevention and disease management.

**Objectives:** The objectives were to determine risk factors for vaccine hesitancy, and how best to manage those in patients with SMI, as well as whether our intervention of calling patients for their vaccines had a positive outcome.

**Methods:** Following approval from the Lambeth Directorate of South London and Maudsley (SLaM) NHS Foundation Trust, we investigated COVID-19 vaccination rates inpatients with SMI from a psychosis community service in South London ( $n=236$ ). Dates of first and second doses were recorded through audit; reasons for refusal of vaccination were noted. Patients were encouraged to take the vaccine. A re-audit was performed after allowing three months. Chi-squared statistical analysis was performed to determine the value of our intervention.