

Methods: A biographical review was performed using the PubMed platform. All relevant articles were found using the keywords: seasonal affective disorder, treatment, and winter depression.

Results: The main treatments are: lifestyle measures – including getting as much natural sunlight as possible, exercising regularly and managing your stress levels, light therapy – where a special lamp called a light box is used to simulate exposure to sunlight, talking therapies – such as cognitive behavioral therapy (CBT) or counseling, antidepressant medicine – such as selective serotonin reuptake inhibitors (SSRIs)

Conclusions: Light therapy can be a very effective treatment for SAD, with most seeing an improvement of symptoms within the first week. A powerful lamp that replicates natural light, high-quality light boxes are recommended as they allow patients to spend a shorter time (up to 30 minutes at a time) using them.

Disclosure of Interest: None Declared

EPP0988

Lower thyroid stimulating hormone concentrations linked to suicidal ideations among individuals with anxiety and mood disorders

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Introduction: Suicidal behavior is quite common in individuals with anxiety and mood disorders (AMD). One of the coexistence factors in suicidal behavior is thyroid dysfunction, however the results are still controversial (Shen et al. *J Affect Disord* 2019;(1) 180-185; Zhou et al., *Transl Psychiatry*. 2021;11(1):97). The role of thyroid function in suicidal ideation among individuals with comorbid AMD have not been thoroughly investigated.

Objectives: The aim of this cross-sectional study was to identify potential associations between thyroid function and suicidal ideation in a sample of individuals with anxiety and mood disorders.

Methods: This exploratory study comprised 77 consecutive individuals with AMD (age range 18-73 years, 76% were females) attending the Psychiatry Day care unit. All individuals have been evaluated for current psychiatric diagnoses, suicidal ideation using the Mini International Neuropsychiatric Interview [M.I.N.I. 7.0.2]) as well as for socio-demographic factors and for current psychotropic medication use. Severity of depression and anxiety symptoms have been evaluated using the Patient Health Questionnaire-9 (PHQ-9) and the General Anxiety Disorder-7 (GAD-7). The biochemical blood tests were performed for the concentrations of thyroxine (FT4), triiodothyronine (FT3) and thyroid stimulating hormone (TSH). The univariate and multivariable logistic regression analyses were used to assess the association between biochemical parameters and suicidal ideation.

Results: Of all study individuals with AMD – 56% have been identified as having current SI. There were not significant differences according to age, gender, education, BMI, smoking, depression and anxiety symptoms and current psychotropics use between

SI and non-SI individuals. Serum FT4, FT3 and TSH concentrations were within normal range. However individuals with SI had significantly lower TSH concentrations in comparison to the non-SI (1.54 (0.77) vs. 2.04 (1.22) IU/L, respectively; $p = 0.049$), without significant differences in FT4 and FT3 concentrations. A multiple logistic regression, adjusting for sociodemographic factors and severity of mental symptoms revealed, that non-SI individuals with AMD were likely to have higher TSH levels than SI (odds ratio = 2.15 (95% CI 1.10–4.22; $p = 0.027$).

Conclusions: Among individuals with AMD, lower levels of TSH concentrations have been associated with presence of suicidal ideation, independently of sociodemographic factors and severity of depression and anxiety.

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EPP0989

Safety and Tolerability of Intramuscular and Sublingual Ketamine for Psychiatric Treatment in the Roots to Thrive Ketamine Assisted Therapy Program

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Introduction: Ketamine has been increasingly used to treat mental health conditions yet there is a lack of safety data on intramuscular (IM) and sublingual (SL) dosing in a community setting. The Roots to Thrive Ketamine assisted Therapy (RTT-KaT) program is a 12-week program with 12 Community of Practice (CoP) group therapy sessions and three ketamine sessions.

Objectives: To provide preliminary data on RTT-KaT adverse events to subsequently inform safe use of IM and SL ketamine for the treatment of psychiatric disorders.

Methods: Retrospective chart review of the RTT-KaT Program on four cohorts ($n=128$) between September 2020 to December 2021. Eligible patients include those with post-traumatic stress disorder, depression, generalized anxiety, burnout/adjustment disorder, substance use disorder, obsessive compulsive disorder, disordered eating, and disordered sleep. Baseline characteristics and adverse events were captured including medication administration before, during, and after RTT-KaT sessions. Chi-squared test with Yates' continuity correction was used to assess side effects in subgroups from ketamine administration.

Results: RTT-KaT was well tolerated with no loss to follow up. There were 351 IM (mean dose = 102.553mg) and 96 SL (mean dose = 276.667mg) sessions of ketamine. Of the 448 sessions, the prevalence of elevated blood pressure increased by 12.31% from baseline (36.85%), with all post-treatment elevations being transient. The prevalence of elevated blood pressure post-KaT session was also similar between IM (+11.69% from 37.71% baseline) and SL (+15.12% from 32.98% baseline) administration. Regarding

adverse effects, 12.05% of sessions experienced nausea, 2.52% had an episode of vomiting, 3.35% had a headache, and seven sessions experienced dizziness. The incidence of adverse events was not significantly associated with past psychedelic experiences ($X^2 = 0.0543$, p -value = 0.8157), nor past psychiatric diagnosis ($X^2 = 0.0109$, p -value = 0.917). There was no significant association between administration route and incidence of nausea, which was the most common side effect ($X^2 = 1.112$, p -value = 0.2916). Male gender was also significantly associated with lower incidence of nausea ($X^2 = 4.2841$, p -value = 0.03847).

Conclusions: The group therapy model described provides a comprehensive approach and presents a promising model for operating a KaT program outside of a clinical trial setting. These findings suggest good safety and acceptability for RTT-KaT among individuals seeking treatment for mental health issues. Majority of participants did not experience adverse reactions and the adverse events that were recorded involved transient symptoms that were resolved with rest and/or medications.

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EPP0990

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

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Introduction: Multiple studies show an association between inflammation –characterized by increased blood levels of C-reactive protein (CRP) and pro-inflammatory cytokines– and major depressive disorder (MDD). People with chronic low-grade inflammation may be at an increased risk of MDD, often in the form of sickness behaviors. A cross-sectional relationship between low-grade inflammation and anxiety has also been reported, but the potential longitudinal relationship has been less well studied.

Objectives: We aimed to examine whether basal and lipopolysaccharide (LPS-)induced levels of inflammatory markers are associated with depressive and anxiety symptom severity over the course of nine years. We hypothesized that inflammation is predictive of the severity and the course of a subset of 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 depressive symptoms (measured using the Inventory of Depressive Symptomatology Self-Report) and anxiety symptoms (measured with the Beck's Anxiety Inventory; BAI, Fear Questionnaire; FQ and Penn's State Worry Questionnaire; PSWQ) over a period of up to 9 years using multivariate-adjusted mixed models in 1147 to 2872 Netherlands Study of Depression and Anxiety (NESDA) participants.

Results: At baseline, participants were on average 42.2 years old, 66.5% were women, and 53.9% 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. However, we also found

significant associations with some symptoms that are not typical of sickness behavior (e.g., sympathetic arousal among others). The associations between inflammation and anxiety symptoms were attenuated by 25%-30% after adjusting for the presence of (comorbid) major depressive disorder (MDD), but remained statistically significant.

Conclusions: Inflammation was not related to depression as a unified syndrome but rather to the presence and the course of specific MDD symptoms, of which the majority were related to sickness behavior. With regard to anxiety symptoms, we found that participants with high levels of inflammatory markers have on average high levels of anxiety consisting of physical arousal and agoraphobia, which tended to persist over a period of nine years, albeit with small effect sizes. These associations were partly driven by co-morbid depression. Anti-inflammatory strategies should be tested in the subgroup of MDD patients who report depressive symptoms related to sickness behavior.

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EPP0991

Resting State Functional Connectivity is Associated With Treatment Response in Major Depression: A Real World Study

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Introduction: Major depressive disorder (MDD) is largely considered the most prevalent psychiatric disorder worldwide. Despite its domineering presence, effective treatment for many individuals remains elusive. Investigation into relevant biological markers, specifically neuroimaging correlates, of MDD and treatment response have gained traction in recent years; however, findings are still inconsistent.

Objectives: In this study, we aimed to investigate the resting state functional connectivity patterns associated with treatment response in MDD inpatients in a real world setting.

Methods: Forty-three inpatients suffering from a major depressive episode were recruited from the psychiatric ward at IRCCS San Raffaele Hospital in Milan, Italy. Symptom severity was assessed via the 21-item Hamilton Depression Rating Scale (HDRS). The percentage of decrease in HDRS scores from admission to discharge was then calculated with the formula [(HDRS admission – HDRS discharge) * 100] / HDRS admission. All patients underwent a 3T MRI scan within one week of admission to acquire resting-state fMRI images, which included 200 sequential T2*-weighted volumes. Images were preprocessed using the CONN toolbox, running within Statistical Parametric Mapping (SPM 12). Preprocessing was performed according to a standard pipeline. A voxel-wise metric, intrinsic connectivity contrast (ICC), was implemented to explore the global resting state functional connectivity (rs-FC) patterns associated with treatment response. ICC-derived maps were then entered in the second-level analyses to examine the effect of the percentage of HDRS decrease, including age, sex, admission HDRS