

measured clinical changes with MADRS Scale (Montgomery-Asberg Depression Rating Scale) at different times.

**Results:** From the fifth administration of esketamine the patient presented a clear improvement. At three months, the score on the MADRS scale improved markedly and at 6 months, the patient reported euthymia.

Score MADRS:

- Basal 46
- 3 Months 14
- 6 Months 1

As for the adverse effects, the patient presented in all administrations very mild dizziness.

**Conclusions:** The use of esketamine is a new therapeutic approach, being fast, safe and well tolerated in patients with depression who do not respond to other treatments (Sapkota A et al. Efficacy and Safety of Intranasal Esketamine in Treatment-Resistant Depression in Adults: A Systematic Review. *Cureus*.2021 Aug 21;13(8)). In our patient has proven to be effective and fast.

**Disclosure of Interest:** None Declared

## EPV0417

### Deafness and depression in the workplace: is there an association?

W. Ayed<sup>1</sup>, D. Brahim<sup>1</sup>, I. Yaich<sup>2</sup>, C. Bensaid<sup>2</sup>, L. Houissa<sup>3\*</sup>, N. Mechergui<sup>1</sup>, H. Bensaid<sup>1</sup>, M. Mersni<sup>1</sup>, G. Bahri<sup>1</sup>, I. Youssef<sup>1</sup>, M. Bani<sup>1</sup>, N. Bram<sup>2</sup> and N. Ladhari<sup>1</sup>

<sup>1</sup>Occupational pathology and fitness for work, Charles Nicolle Hospital; <sup>2</sup>Forensic Psychiatry department, Razi Hospital, La Manouba and <sup>3</sup>Occupational pathology and fitness for work department Charles Nicolle hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia

\*Corresponding author.

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**Introduction:** Chronic exposure to damaging noise can lead to hearing loss . People suffering from hearing problems find it increasingly difficult to communicate and become withdrawn. This lack of contact can lead to the onset of anxiodepressive disorders .

**Objectives:** To study the epidemiological and clinical particularities of hearing loss in patients with psychoaffective disorders.

To study the impact of this association on the medical aptitude for work.

**Methods:** Retrospective descriptive study of depressive patients with hearing loss who consulted the Occupational Medicine Department at Charles Nicolle Hospital over a six-year period from January 2016 to November 2022.

**Results:** Out of 150 patients with hearing loss who consulted our service, 10 patients had an axio-dépressive disorder . Seven were men and three were women. The mean age was  $43 \pm 5$  years and the mean job seniority was 11 years [3-20]. they belonged to the telecommunications (n=6), industry (n=2), printing(n=1), and transport sectors (n=1) . The job positions were : teleconsultant (n=6), operator machine (n=3) and driver (n=1) the symptoms presented by the patients were hearing loss (n=4), otalgia (n=1) , dizziness (n=1), tinnitus(n=1) . The average time to onset of symptoms was  $13 \pm 8$  years [1-35] . The hearing deficits presented by the

patients were: sensorineural hearing loss (n=7), mixed hearing loss (n=1) and conductive hearing loss (n=2). The mean of Hearing loss were  $34 \pm 9$  dB in the right ear and  $34 \pm 6$  dB in the left ear . A declaration of the deafness as an occupational disease was indicated in two of the cases. the univariate statistical study showed that anxiety-depressive disorders were associated with tinnitus ( $p=0,036, OR=4,2[0,99-17,659]$ ) and the position of teleconsultant ( $p=0,009, OR=5,622[1,338-23,627]$  . Eviction from exposition to noise was indicated in seven cases

**Conclusions:** According to our study, hearing loss in patients with anxio-depressive disorders is associated with tinnitus and teleconsultant job position . Early screening early screening of people at risk is recommended.

**Disclosure of Interest:** None Declared

## EPV0418

### Attachment disturbance in women with depressive spectrum disorder, its connection with hostility

S. N. Enikolopov<sup>1</sup>, O. U. Vorontsova<sup>1</sup>, T. I. Medvedeva<sup>1</sup>, O. M. Boyko<sup>1\*</sup> and I. V. Oleichik<sup>2</sup>

<sup>1</sup>Clinical psychology and <sup>2</sup>Department of endogenous mental disorders and affective states, Federal State Budgetary Scientific Institution "Mental Health Research Center", Moscow, Russian Federation

\*Corresponding author.

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**Introduction:** The results of the study of psychological factors of hostility in depression are presented. The topicality of the study is due to hostility considered, on the one hand, as a property of depression, and on the other hand, as a risk factor, associated with the likelihood of auto-aggressive behavior.

**Objectives:** The aim of the study was to analyze the relationship between hostility and attachment disorders in endogenous depression.

**Methods:** The study involved 49 patients with depressive disorder (mean age  $19,8 \pm 4,5$ ). All patients were assessed using the Hamilton Depression Rating Scale (HDRS-17 mean  $21,03 \pm 6,02$ ). All completed the following methods: Revised Experiences in Close Relationships (ECR-R); Symptom Check List-90-Revised (SCL-90R); Aggression Questionnaire by Buss and Perry (BPAQ); I-structural test by G. Ammon (ISTA). According to the "depression" parameter of the SCL-90R, the group was divided into subgroups with high and medium severity of depression. Analysis of variance (ANOVA) or Mann-Whitney test were. Correlation analysis (Spearman) and stepwise multiple regression analysis were also used.

**Results:** At high levels of depression, the indicators of "hostility", "destructive" and "deficit aggression" are statistically significantly higher. The severity of depression significantly correlates with the severity of "anxiety" in attachment (close relationships), as well as with pathological "narcissism", "destructive external self-delimitation", "deficient internal self-delimitation".

For the measure of depression, regression analysis showed that the regression model explained more than 76% of the variance, with the measures of "interpersonal sensitivity", "deficit narcissism", and "avoidance" in attachment making significant contributions. For the "hostility" the regression model explains about 62% of the