

The experience of loneliness was shown to create a cyclical pattern in which feelings of loneliness worsen the deterioration of depression, which in turn worsens the proceeding loneliness. (Wahid *et al.* Child and Adolescent Psychiatry and Mental Health 2022; 16(1), 1-17). Loneliness has also been shown to increase the likelihood of reoccurrence of depression, as well as negatively predicting for recovery from depression (Gabarrell-Pascuet *et al.* Depression and anxiety 2022; 39(2) 147-155, Van As *et al.* International Psychogeriatrics 2022; 34(7) 657–69).

Fear of disclosing depressive symptoms to friends, due to fear of rejection and subsequent social isolation resulting in loneliness, was shown to lead individuals to withdraw from their relationships. This brought about social isolation: consequences of this isolation, such as loss of meaningful relationships, are in themselves risk factors for depression (Caputi *et al.* The Journal of Genetic Psychology 2017; 178(4) 207-216).

Conclusions: To prevent and improve recovery from depression, it is important to consider the importance of loneliness and isolation as risk factors. Consideration should be given to treating both using a biopsychosocial approach.

Disclosure of Interest: None Declared

EPV0426

Patient with recurrent depressive disorder, Vitamin B12 and folate deficiency after gastric bypass surgery: A Case report

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Introduction: It is known that after gastric bypass surgery, Vitamin B12 and folate (B9) are common micronutrient deficiencies affecting this population. It may cause several neuropsychiatric symptoms which, if left untreated, leads to severe consequences.

Objectives: To describe a clinical case of the patient with recurrent depressive disorder (RDD), Vitamin B12 and B9 deficiency after gastric bypass surgery, and to review the literature.

Methods: Clinical case presentation through the review of the patient's clinical file and non-systematic literature review on PubMed and ResearchGate.

Results: 34-year-old female patient presented in psychiatric outpatient clinic with low mood, lack of appetite, disgust against food, vomiting, dizziness and syncopal episodes. She noted anxiety, fear of death, fatigue and decrease in activity. She was apathetic, lacked motivation and had sleep disturbance. PHQ-9 - 18 points. Patient had hand tremor and ataxic gait. Weight 78kg, height 1.79m, BMI 24.34kg/m².

Patient was diagnosed with morbid obesity in teenage years (130kg, 1.79m, BMI 40.57kg/m²). At the age of 23, gastric bypass surgery was done. After the operation patient was satisfied, lost weight. A few years later she felt depressed, apathetic and dropped out of university. Patient was reluctant to visit her GP. In 2021 patient's vision worsened, gait became ataxic, appeared disgust against food, dizziness, several syncopal episodes. Patient was hospitalized in Neurological clinic due to suspected demyelinating central nervous system (CNS) disease. Patient was diagnosed with alimentary B12 and B9 deficiency, gastroesophageal reflux. She received treatment

with Vitamins B12, B9. Demyelinating CNS disease was not confirmed. Patient became more depressed and anxious. She was diagnosed with depression and received treatment with escitalopram, later switched to venlafaxine, mirtazapine and phenibut. Little temporary improvement was observed, but patient had side-effects and still had vomiting and syncopal episodes.

At the time of Psychiatric outpatient visit, additional blood tests were done, revealing severe Vitamin D3 deficiency (3.96ng/ml). During treatment with fluvoxamine (50mg per day) in combination with olanzapine (5mg per day), vitamin B12, B9, D3 supplementation, patient's mood gradually improved, disgust against food disappeared, appetite improved, patient became more active, syncopal episodes disappeared and sleep improved. PHQ-9 after two months was 5 points.

Conclusions: Patient with RDD and Vitamin B12, folate and D3 deficiency, disgust against food, vomiting, fainting, benefited from combination of fluvoxamine, olanzapine and vitamin supplementation. Dynamic monitoring of patients after gastric bypass surgeries and education on this topic is vital to ensure patient health. Further research is necessary on treatment combination strategies for RDD in case of vitamin deficiencies.

Disclosure of Interest: None Declared

EPV0427

A CASE OF MULTIPLE SCLEROSIS PRESENTING AS DEPRESSION IN A YOUNG PERSON

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Introduction: Multiple sclerosis (MS) is a chronic immune-mediated, inflammatory disease of the central nervous system. Depression is one of the most common psychiatric conditions associated with MS. Lifetime prevalence of major depression has been estimated to be around 50%.

Objectives: Although the prevalence of depression in MS patients has been shown by many studies, there has not been a case in the literature demonstrating the onset of MS disease with depressive symptoms. In this article, a case of multiple sclerosis (undiagnosed before) presenting as depression in a young woman is presented and discussed.

Methods: An eighteen years-old female patient visited the emergency room of Erenkoy Mental and Neurological Diseases Hospital with complaints of unhappiness, malaise, anhedonia, introversion, sleepiness, lack of appetite and nausea. She was admitted to another hospital one and a half years ago with similar complaints and duloxetine 30 mg/day treatment was started. The patient, who did not benefit from this treatment, stopped using the drug by herself and did not consult a doctor again. Her complaints regressed over time without treatment. Her current symptoms started four days prior to her visit. She had no other medically diagnosed condition. No pathology was detected in the emergency blood test parameters of the patient. Her brain tomography was normal. The patient, who had periventricular ovoid hyperintense lesions on cranial MRI, was diagnosed with multiple sclerosis and was admitted to the neurology unit of our hospital. The lumbar puncture was performed during the hospitalization, oligoclonal band positivity

was detected. The IgG index was found to be increased at CSF (cerebrospinal fluid). She underwent pulse steroid therapy for seven days. The patient was discharged since her symptoms regressed after treatment.

Results: Here we present a case of MS presenting as depression in a young woman. Depression is a very common, and very important comorbidity in multiple sclerosis. The etiology of depression in MS is likely to be multifactorial, and to include biological, psychological, and social determinants. Although the relationship between depression and MS has been clearly demonstrated in all of these studies, there is no case of MS presenting as depression in the literature.

Conclusions: We know that depression may occur as a prodromal symptom in some organic diseases that affect brain such as dementia and Parkinson. In this case, we wanted to emphasize that organic etiological research is necessary for patients who present with psychiatric complaints for the first time, and that psychiatric complaints may be a symptom of organic diseases that may affect the brain.

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EPV0428

Anxiety and depression among patients with spondyloarthritis

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Introduction: Ankylosing spondylitis (AS) is an inflammatory rheumatic disease characterized by spinal and/or peripheral involvement, enthesitis, dactylitis, and several extra-articular manifestations. Chronic inflammation often leads to reduced spinal mobility and functional disability. The frequency of psychological problems has increased in AS patients.

Objectives: The objective of this study was to determine the prevalence of symptoms of anxiety and depression among AS patients and explore the underlying associated factors.

Methods: The Bath Ankylosing Spondylitis Functional Index (BASFI), the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), and other clinical measures were collected during the clinical trial. We evaluated also the hospital anxiety and depression scale (HADS). P values < 0.05 were considered statistically significant.

Results: Sixty-two patients with AS were included in the study. The average age was 41 years [18-65]. The diagnostic delay varied from one year to 26 years with an average of 4 years. Twenty-nine years is the average age of onset of symptoms with a standard deviation of 10 years. The mean duration of the disease was 10 ± 8 years. At baseline, the mean BASFI score was 53.9 ± 2 and BASDAI was 4.5 ± 2. Clinically significant symptoms of anxiety and depression were present in 48.4% and 54.8% of patients, respectively. Depression was noted with a mean HADS depression of 10.5 ± 5.2. Anxiety was noted with a mean HADS anxiety of 11.3 ± 4.6.

In univariate analysis, anxiety was associated with the low educational level of patients (p = 0.038) and with CRP level (p = 0.041). There was a significant association between depression and anxiety (p = 0.000). There was no relationship between these psychiatric disorders and disease activity, treatment modalities or functional status (p > 0.05)

Conclusions: In patients with Ankylosing spondylitis, the prevalence of risk of mental disorders is high.

Anxiety and depression are common in AS and even alter the quality of life.

Patients should be regularly screened for these disorders.

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EPV0429

The therapeutic potential of psilocybin in depression resistant to psychotropic drugs

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Introduction: The use of hallucinogens has accompanied the human being throughout history. In the 1970s, studies focused on the therapeutic potential of hallucinogens were blocked due to their misuse in the young population. At present, psilocybin is re-emerging as the center of attention due to its possible therapeutic potential in different psychiatric pathologies such as depression, anxiety or substance use.

Objectives: The main objective of this work has been to review recent studies on the therapeutic potential of psilocybin in drug-resistant depressive disorder.

Methods: For the search for articles, the search strategy “psilocybin AND depression” was established in PUBMED. Regarding the inclusion criteria, it was established that they were recent articles, in Spanish or English and that the full text was freely accessible. On the other hand, those articles whose studies did not focus on humans and resistant depressive disorder were excluded. A total of 19 articles were obtained to review.

Results: Focusing on Drug-Resistant Depressive Disorder, multiple studies have agreed that the administration of one or two microdoses (10-25mg) of psilocybin accompanied by psychotherapy improves the clinical picture for at least 6 months. These results make us feel optimistic in the search for new treatments in the field of mental health.

Conclusions: Psilocybin microdoses associated with psychotherapy improves depressive symptoms in a patient resistant to common antidepressants.

The psilocybin response in terms of improvement of the depressive symptoms persists after 6 months of evolution.

One or, in some two cases, two microdoses of psilocybin (10-25mg) are enough to obtain statistically significant results in the improvement of the depressive symptoms.

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