

± 5.6; Years of T1DM [N] 13.7±8.3). The patients filled in a set of questionnaires during their regular visit to the outpatient clinic. Three patients from the whole group were on intensive insulin therapy with Multiple Daily Injections (MDI) and Self-Monitoring of Blood Glucose (SMBG), all the rest were on various types of personal insulin pumps (years on insulin pump [N] 9.1±4.5). All the patients were on regular diabetologist care, with regular visits in a Centre for Advanced Technologies in Diabetes (at least every 6 months).

Results: In QIDS-S 26 patients (33.8%) were screened positive for depression, in PHQ 57.7% of the patients (45 patients) had symptoms of depression (age was negatively correlated with PHQ score ($r = -0.26$; $p = 0.023$)). In CES-D 16 (20%) of the patients assessed their present affect as depressed. Quality of sleep was highly correlated with depressive symptoms CESD ($r = 0.61$, $p = 0.001$), PHQ Score ($r = 0.62$; $p = 0.001$), QISD ($r = 0.68$; $p = 0.001$).

Conclusions: The prevalence of affective disorders and poor sleep quality in the examined T1DM patients was much higher than in the general population. Even if the patients have in general good glycemic control, their mental health condition should not be neglected. Well organized cooperation between patients, diabetologists, psychiatrists and psychotherapists is needed.

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EPP0449

Affective temperament polygenic risk scores predict depression: investigating the role of environmental factors

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Introduction: Depressive disorders are known heterogeneous both in their clinical manifestations and etiopathophysiology. Affective temperaments have a strong biological background and heritability, manifest at early age and remain stable throughout the life span, and have a pathoplastic effect in depression. Thus, they have been suggested as intermediate phenotypes for depression.

Objectives: Our aim was to investigate if polygenic risk scores (PRS) calculated for the five affective temperaments predict depression and to examine their interaction effects of early and recent stressors.

Methods: 1820 nonrelated participants from a general population were genotyped and provided data on current depression (Brief Symptom Inventory-BSI), early (Childhood Trauma Questionnaire, CHA) and recent stressors (List of Threatening Life Events, RLE), and affective temperaments (Temperament Evaluation of Memphis, Pisa, Paris and San Diego, TEMPS-A). Our previously performed TEMPS-A GWAS analysis was used as discovery sample and the NewMood database as target sample for analysing the effects of affective temperament PRS on depression. Linear regression models were used to calculate the interaction effect of early and recent stressors.

Results: PRSs derived from anxious, cyclothymic, depressive, and irritable temperaments had a significant effect on current

depression, explaining 2.6-7.1% of variance. PRSs calculated from the anxious, depressive and hyperthymic temperaments significantly predicted current depression in interaction with CHA, explaining 10% of variance. In case of interaction models including both early and recent stressors, a significant effect of depressive PRS was found. Detailed results are shown in Table 1.

		anxious	cyclothymic	depressive	hyperthymic	irritable
on BSI-depression	R ²	.0033	.0071	.0032	.0016	.0026
	p-value	.011	.0002	.011	.076	.022
in interaction with CHA	R ²	.1062	.1037	.1029	.1015	.1022
	p-value	.008	.551	.027	.038	.531
in interaction with RLE	R ²	.0365	.0402	.0362	.0369	.0368
	p-value	.396	.140	.483	.227	.480
in interaction with CHA and RLE	R ²	.1387	.1384	.1395	.1344	.1348
	p-value	.101	.400	.0009	.981	.930

Conclusions: Our results confirm the genetic association between affective temperaments and depressive symptoms, which highlight their role as possible clinically relevant intermediate phenotypes for depression.

Disclosure of Interest: None Declared

EPP0450

Psychopathy and Depression: The moderating role of Psychopathic Personality Traits between Emotional Competence and Cognitive Functioning

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Introduction: Psychopathic personality traits (PPT) are known to deteriorate emotional and cognitive functions, however, little is known about their role in depression. Nevertheless, depressive symptoms have also shown to be associated with emotional problems and worse cognitive functions and could thus also interact with PPT.

Objectives: This study aimed to set up an integrative model by examining the correlative relationships and moderating role of PPT in the association between emotional competence and cognitive functioning in individuals with depression.

Methods: Data from 373 individuals diagnosed with depression (158 males, 215 females) were investigated. Subjects filled out questionnaires surveying PPT and emotional competences. Furthermore, a comprehensive neuropsychological test battery investigating the cognitive domains Attention/Psychomotor Speed, Executive Functions and Verbal Learning/Memory was administered.

Results: Correlation analyses revealed a significant positive association between emotional competence and overall cognitive functioning. Further, negative associations between emotional competence and the PPT "Blame Externalisation" and "Careless