

Conclusions: Psychoactive substance use has become a growing problem among residents in Tunisia. The associated factors should attract attention to identify these subjects.

Disclosure: No significant relationships.

Keywords: substance use; medical residents; Tunisia

Personality Disorders / Depressive Disorders 05

EPP0779

Psychopathological and clinical-typological aspects of youth chronic endogenous depression.

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Introduction: Youth ontogenesis contributes significantly to depressive disorders, causing pronounced atypia, a high level of comorbid pathology. A long-term depressive state lead can to persistent, adverse consequences.

Objectives: To study the clinical, psychopathological and psychometric features of youth chronic endogenous depression (UCED).

Methods: 62 patients of the age 16-25 were examined clinically and psychopathologically; the patients were first hospitalized from 2017 to 2020 for a chronic depressive state with non-psychotic mental disorders (ICD-10: F31, F32, F33, F34, F21 keys) lasting more than two years. Psychometric assessment was done by HDRS, SOPS, and SANS.

Results: UCED are characterized by a pronounced atypia with a predominance of symptoms for negative affectivity with apathy, anhedonia, physical and mental asthenia, depressive devitalization. In contrast with non-chronic youth depressions, cognitive disorders, motor inhibition, a large proportion of comorbid pathology are presented in the chronic ones. Depending on the prevalence of additional psychopathological disorders, 2 types were distinguished: Type I – depression with a clear-cut affective psychopathological structure (54.8%, 34 patients); Type II - depression with the symptoms of other than affective registers (45.2%, 28 patients). Psychometric assessment on the HDRS scale, in the sub-scale “negative symptoms” of the SOPS scale, in the sub-scale “anhedonia-associality” of the SANS scale showed a greater severity of psychopathological symptoms in type II depression ($p < 0.05$).

Conclusions: The obtained data confirm the differences between UCED and non-chronic youth depressions and demonstrate the aggravating effect of symptoms of the non-affective spectrum on the severity of UCED and the level of negative affectivity.

Disclosure: No significant relationships.

Keywords: chronic depression; youth; persistent depressive; dysthymia

EPP0780

Resistance or pseudo-resistance?

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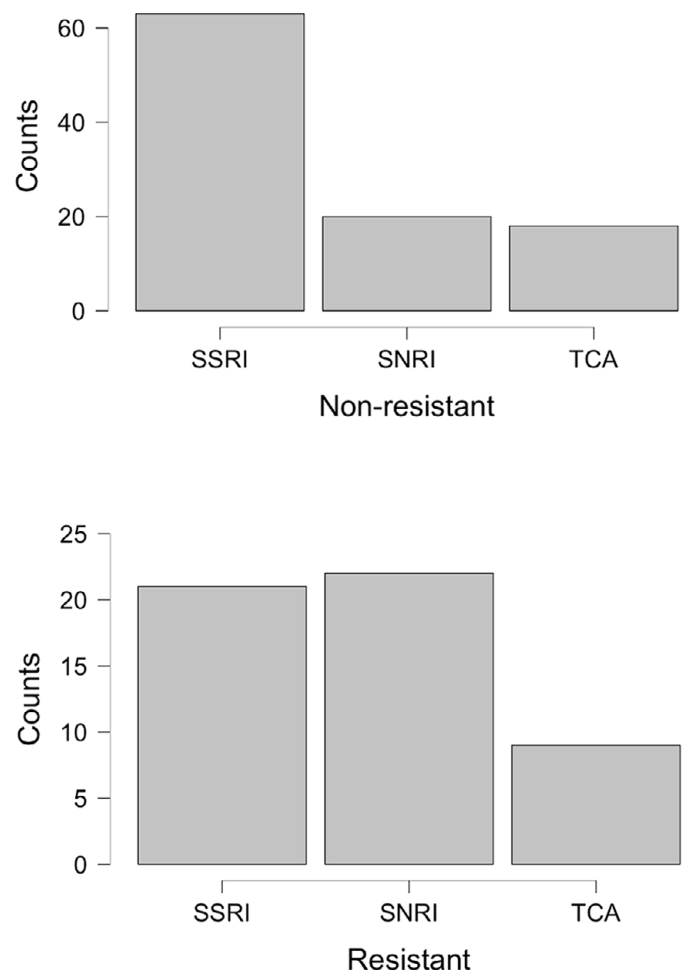
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Introduction: Treatment-Resistant Depression continues to represent a great challenge for clinicians.

Objectives: We investigated patients with history of resistance, assessing prognostic factors, response to treatments, and remission over time.

Methods: We recruited 202 unipolar and bipolar depressed inpatients. According to anamnestic backgrounds, patients were assigned to: A) *Non-resistant*: responders, with no characteristics of resistance in the current episode. B) *Resistant*: resistant to two antidepressant trials of adequate doses and duration. C) *Pseudo-resistant*: non-responders, not classifiable as *Resistant* because of inadequate trials. During hospitalization, patients were treated by clinical judgment, following a rehabilitation program.

Results:





	Non-resistant (111)	Resistant (54)	Pseudo-resistant (35)	p-value
Age	59.1±11.9	63.0±12.6	57.0±11.3	0.036*
Episodes of illness	3.8±2.1	4.0±1.9	3.0±1.8	0.036*
Personality disorders	27.0%	18.9%	48.6%	0.009**
Therapies:				0.014**
SSRI	62.4%	40.4%	69.7%	
SNRI	19.8%	42.3%	15.1%	
TCA	17.8%	17.3%	15.1%	
Augmentation	24.3%	38.9%	17.1%	0.05**
Remission	76.5%	59.5%	81.2%	CvsB:0.045** CvsA:0.587**

On the day of admission, non-responders were 44.5% of the sample, but 39.3% of them did not meet the *Resistant* criteria, defining the *Pseudo-resistant* group. *Pseudo-resistant* differed from others by younger age, fewer illness episodes, higher rate of personality disorders, and different therapies during hospitalization [Fig.1,2,3]. *Pseudo-resistant* remission rate, significantly greater than *Resistant one*, was comparable to *Non-resistant* [Tab.1]. *Kruskal-Wallis Test **Chi-Squared Test

Conclusions: This study outlines a new group of depressed patients that, apparently drug-resistant, displays the same outcome as responders when treated with first-line drugs during hospitalization, certainly taking benefit from the psychoeducational program. Quick recognition of these patients could be crucial to giving optimal care.

Disclosure: No significant relationships.

Keywords: bipolar disorder; pseudo-resistance; depressive disorder; treatment resistant depression

EPP0781

Is Maternity Blues a risk factor for the onset of postpartum depression? A longitudinal Study.

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Introduction: The period after delivery is characterised by physical, hormonal and psychological changes. Up to 20% of women can present depressive and anxiety symptoms and difficulties in the interaction with the newborn, emotional lability. This condition is also called “Maternity Blues (MB)”.

Objectives: To: 1) assess the frequency of MB presentation of depressive symptoms immediately after the delivery; 2) identify those characteristics more frequently associated to the onset of depressive symptoms after the delivery; and 3) verify the hypothesis that the presence of maternity blues is a risk factor for the onset of a depressive episode in the 12 months after the delivery.

Methods: From December 2019 to February 2021 all women who gave birth at the University of Campania “Vanvitelli” were enrolled. Upon acceptance, they filled in the EPDS Scale. Sociodemographic, gynaecological, peripartum and psychiatric anamnesis was collected at baseline. Women have been reassessed after 1, 3, 6 and 12 months.

Results: 359 women were recruited, with a mean EPDS score of 5.51. Among these, 83 reported the presence of MB (EPDS score≥10; 23.12%). Anxiety disorders with onset prior to pregnancy (p<.000), preeclampsia (p<.01), increased foetal health rate (p<.01), conflicts with relatives (p<.001) and anxiety disorders the partner (p<.01) emerged as predictors of Mb. The presence of MB increase 7 time the risk to have higher EPDS score at follow-up assessments (p<.000).

Conclusions: The presence of MB should always be assessed in the immediate post-partum and psychosocial interventions should be provided to women with MB to reduce its potential negative effect on mental health.

Disclosure: No significant relationships.

Keywords: maternity; blues; Postpartum; Depression

EPP0782

Could the mood disorder symptoms can be predict by metabolic disturbances?

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