

multiple regression analyses with stratification by age group (18-59 years and 60 years or older). Two-tailed tests were used for all analyses with a significance level of $P < 0.05$.

Results: The mean age (standard deviation) of the study participants ($n=534$) was 58.3 (16.0) years. Among them, 48% were 18-59 years old and 54% were female. Fecal propionate concentration was significantly associated with total PHQ-9 score ($\beta=0.62$, $p<0.01$). Other SCFAs and total SCFA were not significantly associated with total PHQ-9 score. In addition, using stratification analyses by age group, the associations between fecal propionate concentration and total PHQ-9 score showed a different trend by age group ($\beta=0.18$, $p=0.62$ for 18-59 years; $\beta=0.80$, $p<0.01$ for 60 years or older).

Conclusions: The study showed an association between higher concentrations of fecal propionic acid and higher levels of depressive symptoms. The association was particularly pronounced in older people, those aged 60 years and older. The results suggest that improving dietary habits to reduce fecal propionic acid may be effective in preventing depression in the elderly.

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O0029

Physical activity reduces cardiovascular risk and mortality in people with severe mental illness: a cohort study using accelerometry

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Introduction: Cardiovascular disease (CVD) is a leading cause of excess mortality in people with severe mental illness (SMI). Physical activity (PA) is widely acknowledged with multiple health benefits, but associations of PA with incident CVD, all-cause and CVD mortality in people with SMI remain unclear.

Objectives: To determine dose-response and intensity-specific associations of PA with incident CVD, all-cause and CVD mortality in people with SMI.

Methods: This prospective cohort study was conducted on 6313 SMI participants with accelerometry data from UK Biobank (mean age 61.05 years) from February 2013 to November 2021 (median 7-year follow-up). Moderate-to-vigorous PA (MVPA) was categorized by meeting the guideline level or not, while total PA and light-intensity PA (LPA) were grouped by tertiles. Incident CVD, all-cause and CVD mortality ascertained by hospital and death registries were main outcomes.

Results: PA was inversely associated with the risk for incident CVD ($P_{\text{overall}} < 0.05$ for total PA and MVPA, $P_{\text{nonlinearity}} > 0.05$ for all PA), all-cause mortality ($P_{\text{overall}} < 0.05$ for all PA, $P_{\text{nonlinearity}} < 0.05$ for total PA and LPA), and CVD mortality ($P_{\text{overall}} < 0.001$ for total PA

and LPA, $P_{\text{nonlinearity}} < 0.05$ for all PA). Performing guideline-recommended volume of MVPA was associated with a reduced risk of 19% for incident CVD (95% CI, 0.67-0.98), 42% for all-cause mortality (95% CI, 0.43-0.79), and 50% for CVD mortality (95% CI, 0.31-0.82). A combination of recommended MVPA and a moderate volume of LPA was associated with the lowest risk, mitigating 21% risk for incident CVD, 59% for all-cause mortality, and 78% for CVD mortality.

Conclusions: Primary engagement of guideline-recommended MVPA, supplemented with moderate amount of LPA, was associated with lower risks for incident CVD, all-cause and CVD mortality among people with SMI.

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Promotion of Mental Health

O0030

Stigma and its impact on Quality of Life among Early Career Mental Health Professionals

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Introduction: Stigma towards mental health has been described as a major obstacle to seek help and access to mental health services. This could result in a worsened Quality of Life (QoL). There is a little evidence of stigma in Mental Health Professionals and its consequences, especially in Early Career ones (ECMPH), who can be a more vulnerable group. There is even more lack of studies with multicultural approaches. Exploring stigma, support systems and access to these, and the link of these factors with QoL is essential to develop effective strategies to support ECMHP, for both their own mental health and providing care to patients.

Objectives: This study aims to explore the association between ECMHP's stigma towards mental health and their QoL, and to identify predictors of QoL among this population.

Methods: In this cross-sectional study, we designed an online survey to collect data among ECMHP, identified as having completed training since less than 7 years. QoL was assessed using the WHO-QoL. Stigma towards mental health was measured with the Opening Minds Stigma Scale for Health Care Providers (OMS-HC). Other general sociodemographic data were also collected. Descriptive results are resumed in absolute and relative frequencies for categorical variables. Student's t-test and ANOVA were used to analyse scores in WHO-QoL and OMS-HC according to categorical variables. Pearson's correlation coefficient was used to assess the association between WHO-QoL and OMS-HC. Simple and multiple linear regression were used to study the effect of stigma on QoL, taking into account potential confounders.

Results: We collected data from 277 ECMHP from Europe (54.15%) and Asia (45.85%). Only 20% of our sample knew that their workplace has staff dedicated for mental health practitioners support, and among those, only 44% had visited it. OMS-HC total scores were significantly higher ($p < 0.05$) in nurses and practitioners without a sufficient support system and without a mental disorder. WHO-QoL total scores were significantly higher in participants with sufficient support systems, and without a mental or physical illness. There was a negative correlation between OMS-HC and WHO-QoL total scores. Univariate analysis showed that OMS-HC total scores predicted WHO-QoL total scores. In the multivariate analysis, OMS-HC total scores, having a mental illness and having sufficient support, independently predicted WHO-QoL total scores, even when adjusted for sociodemographic variables.

Conclusions: Stigma towards mental health is related to QoL in ECMHP. Also, having sufficient support in the workplace improves QoL in this population. More studies are needed to help clarify the relationship between stigma and QoL using a longitudinal design.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

O0032

BDNF plasma concentrations, cognitive test performances and lifetime suicide ideation in psychotic disorders: a secondary analysis.

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Introduction: Psychotic disorders present a significant lifetime risk for suicide. Past estimates suggest that up to 25-50% of individuals with schizophrenia (SCZ) may attempt suicide during their lifetime. A growing body of literature indicates that the level of cognitive performances may be associated with a differing level of lifetime suicide attempts, albeit inconsistently depending on the diagnostic category and study setting. However, the vast majority of the literature in the field is composed of cross-sectional studies, limiting the overall interpretation of the available evidence.

Objectives: In the present study, we probed the possible association of BDNF plasma levels, cognitive functions assessed through the Brief Assessment of Cognition in Schizophrenia (BACS) and lifetime suicide ideation and/or attempts (LSI+LSA). More specifically, we tested whether such association would persist during the 2 years follow-up divided in 5 different timepoints at 6-month intervals, if present.

Methods: The present study represents a secondary analysis of a previously described cohort (Manchia et al. Brain Sci. 2022 Dec 4;12(12):1666). The sample comprised 105 subjects with SZC or schizoaffective disorder. We employed the 1) Wilcoxon test for non-parametric data 2) linear modelling to test the possible association of BACS-defined cognitive task performances with LSI+LSA. We also investigated if either BDNF plasma levels or four tested BDNF SNP genes would mediate this association.

Results: From a total of 105 subjects, data relevant to the analysis were available for 89 subjects. We observed a significant association between BACS-Letter fluency task (BACS-LF) with LSI+LSA, persisting even when adjusting for gender, duration of untreated psychosis, total Positive and Negative Syndrome Scale score, age, chlorpromazine equivalents of antipsychotic therapy and for the effect of time. The association remained significant even when adjusting with the Bonferroni-Holms method for multiple comparisons ($p=0.002$). No association was found either for BDNF plasma levels or the tested BDNF genes for the tested outcomes.

Conclusions: In our sample, higher BACS-LF performances appeared to be associated with a higher lifetime risk of LSI+LSA. This report adds to the previous literature suggesting that different cognitive performance levels may represent one of the many chronic risk factors associated with LSI+LSA, and that may ultimately complexly interact with more proximal ones.

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O0034

Examination of Speech Analysis to Predict Suicidal Behavior in Depression

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Introduction: Suicide is one of the leading causes of preventable deaths worldwide. The psychiatric disorder that is most strongly