

Consultation Liaison Psychiatry and Psychosomatics 02

EPP0812

The power of multimodal antidepressants: decrease of soluble ST2 blood level in patients with depression and comorbid heart failure

A. K. Sikora^{1*}, S. Fedorov², M. Vynnyk¹ and M. Pustovoyt¹

¹Psychiatry, addiction and medical psychology and ²Therapy and family medicine- post graduate, Ivano-Frankivsk National Medical University, Ivano-Frankivsk, Ukraine

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1097

Introduction: Nowadays the disorders of Mental sphere are still the clinically significant disturbances in an individual's cognition, emotional regulation, and behaviour. They are usually associated with distress or impairment in important areas of functioning. In recent years, more than 280 million people were living with depression, including 23 million children and adolescents. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Heart failure (congestive heart failure) is the leading cause of hospitalization in people older than 65. Soluble ST2 is regarded as a key molecule regulating immune system as well as cell proliferation. Elevated serum concentrations of soluble ST2 have been reported in patients with neuropsychiatric disorders, suggesting pathophysiological roles of soluble ST2 in behavioral phenotypes.

Objectives: measurement of the amount of ST2 molecule levels in the blood of patients with depressive disorders and comorbid heart failure.

Methods: there were examined 180 patients with depression of varying severity together with the syndrome of HF of ischemic genesis, FC II-IV (NYHA). Depressive disorders were diagnosed and determined using the Hamilton Depression Rating Scale (HDRS) with the result in 20 and more points. Transthoracic echocardiography was performed; the plasma content of soluble ST2 (sST2) and the titers of the N-terminal fragment of the brain natriuretic peptide (NT-proBNP) in the blood were determined by ELISA. Statistical analysis was performed using the standard software package "Statistica for Windows 12.0" (StatSoft, Tulsa, OK, USA).

Results: The average age of the examined patients was (69.33 ± 10.44) years; among them - 64 women (35.5%). It was found that the levels of soluble ST2 and NT-pro-BNP in the blood of patients with depressive disorders and HF decreased with prescribing of 3 months therapy of multimodal antidepressant. After the treatment using vortioxetine, the majority of patients with HF and depressive disorders of moderate intensity - 111 (61.6%) people - noted a reduction in symptoms of both depression and heart failure. Univariate correlation analysis showed a direct relationship between soluble ST2 levels in the blood of the examined patients and the reduction of depressive symptoms ($r^s = 0.33$; $p = 0.041$); blood content of NT-pro-BNP ($r^s = 0.51$; $p = 0.015$); resting heart rate ($r^s = 0.31$; $p = 0.011$) and feedback from LV EF ($r^s = -0.39$; $p = 0.043$).

Conclusions: Patients with depressive disorders and concomitant heart failure that are treated with multimodal antidepressants (vortioxetine) are more likely to have decreased levels of soluble ST2 molecule in the blood, that explain the anti-inflammatory together with anti depressive effect of this medication.

Disclosure of Interest: None Declared

EPP0813

A comparative study of sexual functioning, depression, anxiety, self-esteem, well-being and close relationships among individuals with and without Diabetes Mellitus

V. Efstathiou¹, Gjika¹, K. Gkikas², E. Kaloudi², P. Bali², K. Papazachos² and A. Papadopoulou^{2*}

¹Psychology Department, National and Kapodistrian University of Athens and ²Second Department of Psychiatry, National and Kapodistrian University of Athens, "Attikon" University General Hospital, Athens, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1098

Introduction: Diabetes mellitus is a chronic progressive disease, which has been associated with various mental and physical health problems, including sexual disorders. However, especially among female patients the potential effects of diabetes on sexual functioning have been understudied.

Objectives: The aim of this study was to investigate the perceived sexual functioning in patients with diabetes mellitus compared to a group of healthy controls, as well as to explore its possible association with depression, anxiety, self-esteem, well-being and adult romantic attachment.

Methods: The study included 125 patients with diabetes and an equal number of healthy controls. All participants completed the following psychometric scales: Experiences in Close Relationships-Revised (ECR-R), Hospital Anxiety and Depression Scale (HADS), Rosenberg Self-Esteem Scale (RSE), Mental Health Continuum Short Form (MHC-SF), as well as Female Sexual Function Index (FSFI) and International Index of Erectile Function (IIEF) for female and male participants, respectively.

Results: The results did not reveal a significant relationship between diabetes and sexual functioning, as no statistically significant differences emerged between patients and healthy controls neither among men nor women. However, in patients with diabetes, a positive correlation was found between perceived sexual dysfunction and depression, anxiety, and avoidant and anxious attachment, as well as a negative correlation with self-esteem and well-being.

Conclusions: The findings highlight the importance of investigating sexual functioning among individuals with diabetes mellitus, especially women, as well as its relationship with crucial psychological factors.

Disclosure of Interest: None Declared

EPP0814

Depressive symptoms and co-dependency in caregiver of patients with chronic heart failure

A. Yıldırım^{1*} and S. Karaca²

¹Department of Psychiatric Nursing, Koç University and ²Department of Psychiatric Nursing, Marmara University, İstanbul, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1099

Introduction: Chronic heart failure causes serious mental problems in the life of the patient and caregiver due to symptoms and repeated hospitalizations.

Objectives: This study was conducted to investigate the levels of depression and interdependence in caregivers of patients with chronic heart failure and to examine the relationship of the patient's depression level with caregiver depression and co-dependence scores.

Methods: The sample of the research, which is descriptive and relationship seeking, consists of 219 volunteer patients with chronic heart failure and caregivers who meet the research criteria. The data were collected using Personal Information Form, Beck Depression Scale and Co-Dependency Assessment Tool, and were evaluated with descriptive statistical analyzes, Kolmogorov-Smirnov, student-t, one-way ANOVA, Pearson correlation analysis and Mann Whitney U Test.

Results: The average age of caregivers was 47.36 ± 12.46 and 60.3% were women. The average age of the patients is 60.70 ± 16.30 and 57.1% are male. Depression was found in 85.8% of patients according to the Beck depression scale score. The presence of depression in the patient and the total depression score of the caregiver ($p < 0.001$), total co-dependency score ($p < 0.001$), self-value ($p = 0.001$), medical problem ($p < 0.001$) and self neglect ($p = 0.005$) subscale scores were higher than those who did not have depression. Co-dependence and depression scores are related in caregivers ($r=0.367$).

Conclusions: There was a positive and significant correlation between the depression levels of the patients and caregivers and the codependence levels of the caregivers, and according to the presence of depression, the mean scores of co-dependence in the caregiver differ.

Disclosure of Interest: None Declared

EPP0815

Psychological meanings of access to guidance on family relationships in prenatal consultations of a public primary health care service in the context of the COVID-19 pandemic: a clinical-qualitative study on reports of pregnant adolescents in Brazil

E. R. Turato*, P. E. Ortolan, R. A. Bastos, M.-P. P. Lipi, M. S. Borges and D. B. Vale

Laboratory of Clinical-Qualitative Research, State University of Campinas, Campinas, Brazil

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1100

Introduction: In prenatal clinical consultations, what do adolescents talk about, in addition to physical and affective conditions and acquiring information about the general state of the evolution of pregnancy? The symbolic psychological elements that emerge during consultations are important for the handling of family guidelines with the clinical team.

Objectives: To interpret emotional meanings attributed by pregnant adolescents, with the possibility of accessing public health care service in a Brazilian metropolitan city, about talking and listening about Family relationships with the clinical team in prenatal consultations.

Methods: Clinical-qualitative design by Turato. Semi-directed interviews with open-ended questions in-depth conducted online during the pandemic. Sample closed by theoretical information saturation according to Fontanella. Interview material, fully transcribed, was treated by Clinical-Qualitative Content Analysis of Faria-Schützer, with Balintian psychodynamic concepts from Medical Psychology to generate categories of discussion after free-floating readings. Findings were validated by peers from the Laboratory of Clinical-Qualitative Research, at the State University of Campinas.

Results: The sample was closed with 10 pregnant adolescents. Three categories emerged from the analysis: (1) emotional meanings of the non-use of the access to health service as a listening space; affective obstacles and social shame; (2) the relationship of complicity with the maternal figure in "competition" with a possible broad psychological relationship with the clinical team; (3) recurrence of teenage pregnancy in the family as a possible obstacle.

Conclusions: The finding so far that the adolescent's personal reference is reported as the mother figure is also accentuated because the affective relationship with the doctor figure is more fragile. The bond of adolescents is established with the health institution and not with the reference health team.

There is a mismatch between the psychic maturation, still evolving, to the adult identity and the demands of social roles of the pregnant teenager already demanded as an adult. The teenager captures it, and the medical consultation becomes an act that occurs by inertial force. There is a perception of access to the health service and not access to the doctor as someone qualified for the adolescent to talk about relevant personal matters.

Disclosure of Interest: None Declared

EPP0816

Are We Adequately Assessing Delirium? An Analysis Of Liaison Psychiatry Referrals

E. Tripp*, M. Aremu Falade, M. Alves, M. Davies, J. H. Tan and L. Premalatha

Croydon Liaison Psychiatry, Croydon University Hospital, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1101

Introduction: Delirium is characterised by an acute, fluctuating change in cognition, attention and awareness (Wilson et al. *Nature Reviews* 2020; 6). This presentation can make the diagnosis of delirium extremely challenging to clinicians (Gofton., *Canadian Journal of neurological sciences*. 2011; 38 673-680). It is commonly reported in hospitalised patients, particularly in those over the age of sixty five (NICE. *Delirium: prevention, diagnosis and management*. 2010).

Objectives: Our aim is to identify which investigations and cognitive assessments are completed prior to a referral to the liaison psychiatry services in patients with symptoms of delirium.

Methods: Referrals (N = 6012) to the liaison psychiatry team at Croydon University Hospital made between April and September 2022 were screened. Search parameters used to identify referrals related to a potential diagnosis of delirium were selected by the authors. The terms used were confusion; delirium; agitation; aggression; cognitive decline or impairment; disorientation; challenging behaviour. Data was collected on the completion rates of investigations for delirium as advised by the NICE clinical knowledge summaries. Further data was gathered on neuroimaging (CT or MRI), cognitive assessment tools (MOCA/MMSE) and delirium screening tools (4AT/AMTS).

Results: The study sample identified 114 referrals (61 males and 53 females), with 82% over 65 years at the time of referral. In 96% of referrals, U&E and CRP were performed. Sputum culture (1%), urine toxin screen (4%) and free T3/4 (8%) were the tests utilised the least. Neuroimaging was completed in 41% of referrals (see Graph 1 for a full breakdown of results).