

pre/post SD response time was slightly higher in the active individuals (0.015, IQR 0.011-0.028 vs. 0.012, IQR 0.003-0.022, $p=0.047$). **Conclusions:** This study shows, that a sedentary behavior during SD might improve mood and slightly less impair the response time to auditory or visual stimuli than a higher activity level. Thus, PA could be an important modulator of clinical outcomes observed in individuals with affective disorders subjected to SD. PA should be accounted for in the SD protocols designed for future studies.

Disclosure of Interest: None Declared

EPP0595

Telehealth treatment of patients with major depressive disorder during the COVID-19 pandemic: Comparative safety, patient satisfaction, and effectiveness to prepandemic in-person treatment

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Introduction: The COVID-19 pandemic impelled a transition from in-person to telehealth psychiatric treatment. The COVID-19 pandemic has been depressogenic. Major disruptions in lifestyle due to social isolation, job loss, financial strain, and deaths of neighbors, family and friends are potential contributors to the increased levels of depression due to the pandemic. As one of the core elements of psychotherapeutic approaches towards treating depression is behavioral activation and increased social contact the psychosocial limitations imposed by COVID-19 might make it more difficult to treat depression during the pandemic.

Objectives: There are no studies of partial hospital telehealth treatment for major depressive disorder (MDD). In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we compared the effectiveness of partial hospital care of patients with MDD treated virtually versus in-person.

Methods: Outcome was compared in 294 patients who were treated virtually from May, 2020 to December, 2021 to 542 patients who were treated in the in-person partial program in the 2 years prior to the pandemic. Patients completed self-administered measures of patient satisfaction, symptoms, coping ability, functioning, and general well-being.

Results: In both the in-person and telehealth groups patients with MDD were highly satisfied with treatment and reported a significant reduction in symptoms from admission to discharge. Both groups also reported a significant improvement in positive mental health, general well-being, coping ability, and functioning. A large effect size of treatment was found in both treatment groups. Contrary to our hypothesis, the small differences in outcome favored the telehealth-treated patients. The length of stay and the likelihood of staying in treatment until completion were significantly greater in the virtually treated patients.

Conclusions: In an intensive acute care setting, delivering treatment to patients with MDD using a virtual, telehealth platform was as effective as treating patients in-person.

Disclosure of Interest: None Declared

EPP0596

50% Improvement: Should Treatment Response Go Beyond Symptom Improvement When Evaluating the Treatment of Depression?

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Introduction: The emphasis on symptom resolution in depression treatment research is at variance with the recommendations of official treatment guidelines and the results of surveys of depressed patients' views of the most important treatment goals.

Objectives: In the present study, we examined the interrelationship between response rates on various outcome domains and whether response on each domain was associated with patients' global rating of improvement (PGI) reported upon treatment completion. We also examined whether the PGI was associated with the number of domains on which the patients had achieved responder status and which domains were independent predictors of PGI response.

Methods: Eight hundred and forty-four patients with major depressive disorder completed the Remission from Depression Questionnaire (RDQ), a self-report measure that assesses 6 constructs considered by patients to be relevant to assessing treatment outcome. The patients completed the RDQ at admission and discharge from the treatment program. For each domain, response was defined as a 50% or greater reduction in scores. At discharge, the patients rated the PGI.

Results: The patients significantly improved from admission to discharge on each of the 6 domains assessed on the RDQ. The responders on each domain reported significantly greater improvement on the global rating of improvement at discharge. Responder status in one domain mostly co-occurred with responder status in another domain. In a logistic regression analysis, responses on all domains, except nondepressive symptoms, were independently associated with PGI response.

Conclusions: The results of the present study are consistent with multiple surveys which have suggested that focusing on symptom reduction is too narrow of an approach when measuring outcome in the treatment of depression. Expanding the assessment of outcome beyond symptoms and viewing nonsymptomatic outcome domains as critical composites of primary endpoints would be more consistent with a patient-centered approach towards the treatment of depression.

Disclosure of Interest: None Declared

EPP0597

Social connection and depression: an umbrella review of meta-analyses assessing the magnitude of risk and protection

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Introduction: Depression is a severe mental disorder with an estimated 3.8% of the population affected, representing a leading cause of disability worldwide. Being linked to reduced quality of life and individual functioning, medical morbidity and mortality, depression has a huge social and economic impact. A wide range of potentially modifiable factors for depression has been identified. Among these, social factors (e.g. support/engagement) appear to play a major role in the emergence and severity of depression.

Objectives: We aimed at providing a quantitative synthesis of the consistency and magnitude of the association between measures of social connection and depression. Social connection included both quantitative (i.e. existence/absence of social relationships) and functional (i.e. support provided) measures of social relationships, as well as measures focusing on social inequalities related to participation in community spaces/activities (i.e. social discrimination).

Methods: We searched PubMed, PsycINFO, Cochrane Library and EMBASE. The strength of the association between exposure factors (social measures) and depression was extracted and equivalent odds ratios were computed to compare the strength of the effect sizes among meta-analyses. The quality of each review was assessed using AMSTAR-2.

Results: As a result of the selection process 47 studies were included in the umbrella review. Social support was found to have a protective role on depression, with an observed moderate/strong effect in peripartum population and a weaker effect in clinical populations (e.g. AIDS/HIV patients). A moderate association between stigma/discrimination and depression emerged in clinical populations (e.g. epilepsy, mental illness, post-stroke), while a weaker effect was found in (ethnic) minorities. There are still few studies quantitatively investigating the link between depression and other social measures (e.g. community connectedness).

Conclusions: Our findings align with the literature on social connection and mental health, confirming the role of social determinants in the emergence and severity of depression, particularly in the case of vulnerable populations. Social factors emerge as important modifiable targets in the context of depression prevention. Efforts to counteract disconnection at the societal and individual levels and to reduce stigma should be central to an effective depression prevention agenda.

Disclosure of Interest: None Declared

EPP0598

Repetitive Transcranial Magnetic Stimulation with and without Internet-Delivered Cognitive Behavior Therapy for the Treatment of Resistant Depression: Patient-centered Randomized Controlled Pilot Trial

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Introduction: Background: Treatment-resistant depression (TRD) is considered one of the major clinical challenges in the field of psychiatry. At least 15% of all patients with MDD remain

refractory to any treatment intervention. Repetitive transcranial magnetic stimulation (rTMS) is considered a treatment option for patients with TRD. Additionally, iCBT is an evidence-based psychotherapy for the management of TRD.

Objectives: This study aims to evaluate the clinical effectiveness of adding iCBT to rTMS treatment as an innovative combined intervention, exploring the short and long-term outcomes on patients with TRD

Methods: This study is a randomized controlled trial. Participants diagnosed with TRD were randomized to one of two interventions: rTMS alone and rTMS+iCBT. Each group completed evaluation measures at baseline, discharge (6 weeks), and one & three months after discharge. The primary outcome measure was the mean change in the Hamilton depression rating scale (HAMD-17) from baseline to three months.

Results: Preliminary results for the early outcome of the study showed that after adjusting for the baseline scores, there was no significant difference in the mean score of HAMD-17 from baseline to six weeks between the participants of the two groups, ($F(1, 53) = 0.15$, $p = 0.70$, partial eta square = 0.003). The result of the long-term effectiveness is underway, forecasting the potential synergism of the two interventions.

Conclusions: This study found the combined treatment of rTMS + iCBT not to be superior to treatment with rTMS alone, in the short term. We hope the long-term results would thoroughly address the effectiveness of the combined therapy in this randomized controlled trial.

Disclosure of Interest: None Declared

EPP0599

Systematic Review on the Mechanisms of Action of Psilocybin in the Treatment of Depression

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Introduction: Despite emerging evidence suggesting the efficacy of psilocybin in the treatment of mood disorders such as depression, the exact mechanisms by which psilocybin is able to elicit these antidepressant effects remains unknown.

Objectives: As the use of psilocybin as a treatment modality for depression has garnered increasing interest, this study aims to summarize the existing evidence of the mechanism of action with which psilocybin alleviates depressive symptoms, focusing specifically on the neurobiological effects of psilocybin in human subjects.

Methods: Four databases (Ovid MEDLINE, EMBASE, psychINFO, and Web of Science) were searched using a combination of MeSH terms and free text keywords in September 2021. The original search included both human and animal studies and must have included testing of the mechanism of action of psilocybin. Only antidepressant effects were considered, with no other mood disorders or psychiatric diagnoses included. Two independent