

## EPV0608

## Preoccupied attachment style and beliefs about medicines in patients with Major Depressive Disorder

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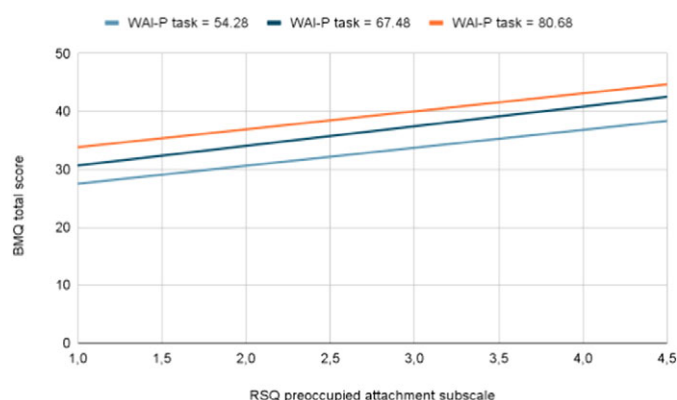
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**Introduction:** Attachment style is defined by the American Psychological Association as “the characteristic way people relate to others in the context of intimate relationships”. Four attachment styles have been described: secure, fearful, preoccupied, and dismissing. While the effect of attachment style on psychotherapy was widely investigated, few studies have investigated its role in determining beliefs about medicines in patients with Major Depressive Disorder (MDD).

**Objectives:** This study aimed to investigate the relationship between preoccupied attachment style and beliefs about medicines in patients with MDD.

**Methods:** 27 patients admitted in the Psychiatric Unit of Careggi with diagnosis of MDD were enrolled. Working Alliance Inventory - patient version (WAI-P), Relationship Style Questionnaire (RSQ) and Beliefs about Medicines Questionnaire (BMQ) were administered. An ANCOVA model having BMQ total score as dependent variable and age, sex, RSQ preoccupied attachment subscale and WAI-P task subscale as predictors was considered. WAI-P task was intended to assess the role of agreement on therapeutic choices.

**Results:** The overall model was significant ( $F(4,22)=9.571$ ,  $P<0.001$ ) and explained 66.8% of BMQ total score variance ( $R^2=0.668$ ). Both RSQ preoccupied attachment subscale ( $B=3.331$ ,  $t(22)=3.907$ ,  $p=0.001$ ) and WAI-P task subscale ( $B=0.238$ ,  $t(22)=4.565$ ,  $p<0.001$ ) showed a positive correlation with BMQ total scores. RSQ preoccupied attachment subscale explained 44.6% of variance of BMQ total scores (partial  $\eta^2=0.446$ ), WAI-P task explained 52.3% of variance of BMQ total scores (partial  $\eta^2=0.523$ ). Age ( $B=0.059$ ,  $t(22)=1.588$ ,  $p=0.129$ ) and sex ( $F(1,22)=0.035$ ,  $p=0.854$ ) had no significant effect.



**Conclusions:** These preliminary data suggest a possible influence of preoccupied attachment style on beliefs about medicines in patients with MDD.

**Disclosure:** No significant relationships.

**Keywords:** attachment style; beliefs about medicines; major depressive disorder; depressive disorders

## EPV0610

## Mood disorders as a risk factor for family aggregation of somatic diseases

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**Introduction:** Mood disorders (MDs) are associated with somatic diseases and tend to aggregate in families. But there are limited studies on the risk of somatic diseases for relatives of patients with MDs.

**Objectives:** To assess whether a patient's mood disorder diagnosis is associated with a family history of somatic disorders.

**Methods:** This cross-sectional family study included 36 patients with MDs (66.7% women; age - 32 [11.2] years) and 68 of their relatives, and 23 healthy individuals (56.5% women; age - 30.5 [6.9] years) and 53 of their relatives. A Pearson's  $\chi^2$  test was used to compare the frequencies of family history of somatic disease. Logistic regression models were used to determine the independent association of MDs, after adjusting for the effects of sex, age, with binary characteristics.

**Results:** Individuals with and without MDs had different frequencies of family history of cardiovascular (66.7% vs. 43.4%;  $p=0.03$ ) and endocrinological diseases (47.2% vs. 39.1%;  $p=0.04$ ). There were no statistically significant differences in the frequency of family history of gastrointestinal, pulmonary, urogenital and musculoskeletal diseases ( $p>0.05$ ). Logistic regression revealed that MDs diagnosis in patients was a risk factor for cardiovascular ( $p=0.03$ ,  $OR=3.5$ ) and endocrinological disease ( $p=0.04$ ,  $OR=3.7$ ) in their relatives.

**Conclusions:** MDs are associated with the aggregation of somatic diseases in families. Future research is needed to clarify the biological reasons for this association.

**Disclosure:** No significant relationships.

**Keywords:** Depression; somatic diseases; family study; bipolar disorder

## EPV0611

## Associations between implicit and explicit affective inhibitory control, trait rumination and depressive symptoms

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**Introduction:** Inhibitory control is the executive function component which underlies one's ability to maintain goal-directed behavior by inhibiting prepotent responses or ignoring irrelevant information. Recent models suggest that impaired inhibition of negative information may contribute to depressive symptoms, and that this association is mediated by rumination. However, the exact nature of this association, particularly in non-clinical samples, is unclear.

**Objectives:** The goal of the current study was to assess the relationship between inhibitory control over emotional vs. non-emotional information, rumination and depressive symptoms.

**Methods:** A non-clinical sample of 119 participants (mean age:  $36.44 \pm 11.74$ ) with various levels of depressive symptoms completed three variations of a Go/No-Go task online; two of the task variations required either explicit or implicit processing of emotional expressions, and a third variation contained no emotional expressions (i.e., neutral condition).

**Results:** We found that for participants who reported elevated depressive symptoms, their inhibitory control ability was reduced for all three task variations, relative to less depressed participants. However, for the task variation that required implicit emotion processing (rather than explicit), depressive symptoms were associated with inhibitory deficits for sad and neutral, but not for happy facial expressions. An exploratory analysis showed that the relationship between inhibition and depressive symptoms occurs in part through trait rumination for all three tasks, regardless of emotional content.

**Conclusions:** Collectively, these results indicate that elevated depressive symptoms are associated with both a general inhibitory control deficit, as well as affective interference from negative emotions, with implications for the assessment and treatment of mood disorders.

**Disclosure:** No significant relationships.

**Keywords:** Depression; inhibition; rumination; Executive function

## EPV0613

### Clinical consensus regarding the importance of rapid reduction in depressive symptoms in major depressive disorder with acute suicidal ideation or behavior (MDSI)

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**Introduction:** Patients with major depressive disorder (MDD) with acute suicidal ideation or behavior (MDSI) require immediate intervention. Though oral antidepressants can be effective at reducing depressive symptoms, they can take 4–6 weeks to reach full effect.

**Objectives:** This study aimed to identify unmet needs in the treatment of patients with MDSI, specifically exploring the potential clinical benefits of rapid reduction of depressive symptoms.

**Methods:** A Delphi panel consisting of practicing psychiatrists (n=12) from the US, Canada and EU was conducted between December 2020–June 2021. Panelists were screened to ensure they had sufficient experience with managing patients with MDD and MDSI. Panelists completed two survey rounds, and a virtual consensus meeting.

**Results:** This research confirmed current unmet needs in the treatment of patients with MDSI.

Hopelessness, functional impairment, worsening of MDD symptoms, recurrent hospitalization and higher risk of suicide attempt were considered as key consequences of the slow onset of action of oral antidepressants.

Treatment with rapid acting antidepressant was anticipated by panelists to provide short-term benefit such as rapid reduction of core MDD symptoms which may contribute to shorter hospital stays and improved patient engagement/compliance, allowing for earlier interventions and improved patient outcomes. For long-term benefits, panelists agreed that improved daily functioning and increased trust/confidence in treatment options, constitute key benefits of rapid-acting treatments

**Conclusions:** There is need for rapid-acting treatments which may help address key unmet needs and provide clinically meaningful benefits driven by the rapid relief of depressive symptoms particularly in patients with MDSI.

**Disclosure:** SB, ED, KJ, MO'H, QZ, MM, MH, SR, JA and DZ are employees of Janssen and hold stock in Johnson & Johnson Inc. AN is currently employed by Neurocrine Biosciences Inc. RP is an employee of Adelphi Values PROVE hired by Janssen.

**Keywords:** esketamine; suicidal behavior; major depressive disorder; suicidal ideation

## EPV0614

### Investigating Depression and Anxiety among Turkish Immigrants with Endocrine Disorders Treated at the NPZR

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**Introduction:** Immigrants encounter difficulties in adapting to social life due to cultural and socioeconomic differences which consequently causes psychological and physical problems. Previous studies demonstrated that diabetes, high blood pressure, dyslipidemia and obesity are associated with psychological disorders.

**Objectives:** This study aimed to investigate the frequency of depression and anxiety and to observe associated sociodemographic among endocrine patients treated at NPZR.

**Methods:** 190 Turkish psychiatric patients with at least one endocrine disorder (45.3% were male (n=86) and 54.7% were female (n=104) between the ages of 30-65, who participated in group therapy session at the NPZR, were recruited. Demographics, prevalence of depression and anxiety as well as current psychological conditions of participants were analyzed through Beck Depression Inventory, Hamilton Anxiety Scale, SCL-90-R and Personal Information Form.