

Introduction: Studies have shown that physicians manifest a clear duty to work. For parents, reconciling work with parenthood is not easy and can even lead to depression.

Objectives: To determine the prevalence and the factors for depression in Tunisian physician parents.

Methods: This was a descriptive and analytical cross-sectional study of 93 Tunisian physician parents, conducted on google drive in March 2021, including a questionnaire containing the parents' personal and professional data and the Beck Depression Inventory (BDI).

Results: In our study, the sex ratio (M/F) was 0.05. The average age was 34.43 years old. Almost three-quarters of doctors (71.3%) were providing on duty services in the hospital while 69% were providing at least one call per month in COVID units. The average BDI score was 6.16. According to the BDI score, 60.9% of participants had depression. The BDI score was correlated with several types of dissatisfaction: dissatisfaction with the relationship with his child ($p = 0.002$), time devoted to the partner (0.001), time devoted to the child ($p = 0.004$), child's educational style ($p < 0.001$), time spent on leisure or personal activities ($p < 0.001$), child's academic performance ($p = 0.001$) and child's behavior ($p < 0.001$). Furthermore, the BDI score was associated with postponing having a child for career reasons ($p = 0.038$) and thinking that his career is slowed down by parenthood ($p < 0.001$).

Conclusions: Depression's rate among physician parents appears to be significant. It's associated with a feeling of guilt and dissatisfaction, hence the necessity of an early detection and management.

Disclosure: No significant relationships.

Keywords: physician parents; Covid-19; Depression

EPV0595

White matter integrity and pro-inflammatory cytokines as predictors of antidepressant response in MDD

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Introduction: Major depressive disorder (MDD) often involves immune dysregulation with high peripheral levels of pro-inflammatory cytokines that might have an impact on the clinical course and treatment response. Moreover, MDD patients show brain volume changes and white matter (WM) alterations that are already existing in the early stage of illness.

Objectives: The aim of the present review is to elucidate the association between inflammation and WM integrity and its impact on the pathophysiology and progression of MDD as well as the role of possible novel biomarkers of treatment response to improve MDD prevention and treatment strategies.

Methods: We conducted an electronic literature search of PubMed on studies that examined the role of inflammation in depression and that focused on WM integrity and pro-inflammatory cytokines as predictors of antidepressant response.

Results: There is evidence for central effects of peripheral inflammation which could activate microglia which, in turn, might trigger a cascade of inflammatory processes leading to neurotransmitter

imbalances. Numerous studies indicated that both altered levels of peripheral inflammatory markers, particularly TNF- α , IL-6, and CRP as well as WM integrity might predict antidepressant treatment outcome.

Conclusions: Despite mounting evidence on the impact of the immune system on WM microstructure, no study has yet addressed the interaction between the two factors in influencing antidepressant response. There is a lack of reproducible biomarkers predicting treatment response on an individual basis. The availability of such biomarkers would enable more efficient and personalized treatments with a faster treatment response and better prevention of treatment resistance.

Disclosure: No significant relationships.

Keywords: white matter integrity; biomarkers; MDD; pro-inflammatory cytokines

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The effects of Cumulative Trauma and Cognitive Rigidity on the Severity of Depressive Disorder: Preliminary Results

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Introduction: The long-lasting effects of trauma on mental health and the cumulative effect during the lifetime is one of the great interest in research and applied psychology. However, the effect of cumulative trauma in combination with cognitive biases, such as cognitive rigidity ("all-or-nothing" thinking pattern), on the severity of depression has not been tested yet.

Objectives: The aim of this study was to analyse these variables, while considering for differential gender effects on a sample of patients with the diagnosis of depressive disorder.

Methods: A total sample of 177 patients (137 women) were assessed using the Cumulative Trauma Scale. Cognitive rigidity was measured with the Repertory Grid Technique and severity of depressive symptoms with the Beck Depression Inventory.

Results: indicated that high levels of cognitive rigidity and high frequency of perceived negative cumulative trauma predicted depressive symptoms; while high frequency of perceived positive trauma did not predict depressive symptoms. Moreover, gender did not explain variability of depression, and its interaction with frequency of perceived trauma was not significant.

Conclusions: Overall, traumatic cumulative trauma frequency and its negative appraisal are key to the understanding the severity of depression but also cognitive rigidity seemed to be a relevant factor to consider. Thus, these results highlight the need to focus on traumatic and cognitive aspects to increase the efficacy of psychological interventions in depression.

Disclosure: No significant relationships.

Keywords: traumatic events; dichotomous thinking; Depression