

EPP0635**Physical pain-suicidality association in all ages: a complete and updated meta-analysis**

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Introduction: This work represents the continuation of the studies presented in two e-posters during the EPA 2021 conference (De Filippi et al., 2021; Rignanese et al., 2021), which addressed the physical pain-suicidality association (k=44 studies).

Objectives: The aim of this meta-analysis is to provide an update of those studies, integrating data relating to adolescents, adults, and elders.

Methods: We started with the analysis of three papers, in particular a meta-analysis (Calati et al., 2015) and two systematic reviews (Hinze et al., 2019; Santos et al., 2019). After searching on Pubmed (until September 2020), data were extracted from articles comparing the rates of current and lifetime suicidal thoughts and behaviours (death wish, suicidal ideation, suicidal planning, suicide attempt and suicide death: DW, SI, SP, SA, and SD) in adolescents, adults, and elders with any type of physical pain and in individuals who did not report this condition. Data were analysed using Comprehensive Meta-Analysis Software (CMA) version 2.

Results: 67 studies were included, of which 16 on adolescents, 29 on adults, 16 on elders, and 6 on mixed ages. Although quite high between-study heterogeneity was detected in most analyses, results suggested that individuals with physical pain are more likely to report any form of suicidal outcome if compared to those not affected by pain.

Conclusions: Collected data are therefore in line with previous literature on this topic, which considered physical pain an extremely predictive risk factor for suicidal thoughts and behaviours. However, further research on this topic would be extremely useful.

Disclosure: No significant relationships.

Keywords: suicidal behaviours; suicidal thoughts; physical pain; meta-analysis

EPP0632**Suicidality in University Students Throughout the COVID-19 Pandemic**

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Introduction: The COVID-19 pandemic has greatly disrupted the day-to-day life of university students, as it has for the general population. University students have been reported to have high rates of mental health concerns, including suicidal ideation.

Objectives: Ascertaining the correlation of Covid-19 dissemination and proximity to University students in Vancouver, Canada, with suicidal ideation and suicidal plan.

Methods: We analyzed weekly cross-sectional data from our Canadian World Mental Health International College Student survey by plotting the 30-day suicide ideation as a binary and the ordered 30-day suicide ideation outcomes using logistic and ordered generalized additive model (GAM) respectively, with a cubic spline and adjusting for demographics. We also ran an analysis on the association between binary 30-day ideation and different sample characteristics using logistic regression.

Results: The time trend analysis showed that suicidal ideation did not seem to increase during the COVID-19 pandemic. On the contrary, ideation levels were found to be high in the beginning (February 2020) with a downwards trend through June to September before gradually increasing around November, 2020. We identified sociodemographic risk factors that may be associated with suicidal ideation, and established that those most at risk were students who had been emotionally overwhelmed by Covid-19 and unable to find help.

Conclusions: Our results seem to indicate that, in general, students have remained resilient under the stress factors presented by the pandemic, and that trends in suicidality seem to follow seasonal or school calendar year stressors rather than respond to the pandemic. However, certain subpopulations appear to be more affected than others.

Disclosure: No significant relationships.

Keywords: students; Suicide; mental health; Covid-19

Depressive Disorders 04**EPP0635****Effectiveness of vortioxetine in real-world clinical practice: Italian cohort results from the global RELIEVE study**

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Introduction: Major depressive disorder (MDD) is a debilitating disease in Italy affects 5.4% of people over 15 and 11.6% for the elderly. Efficacy of vortioxetine in adult patients with MDD was demonstrated in randomised controlled trials, there is a need for data on treatment in daily practice in Italy.

Objectives: To present the effectiveness and safety data of vortioxetine in real-world setting from patients enrolled from Italy in the RELIEVE study.

Methods: RELIEVE was a prospective, multi-national, observational study of outpatients initiating vortioxetine treatment for MDD at physician's discretion. Data and outcomes of treatment of patients were collected at routine clinical visits. The primary outcome was functioning measured by SDS. Secondary outcomes included depressive symptoms measured by PHQ-9, cognitive function measured by PDQ-5, quality of life measured by EQ-5D-5L. Changes from baseline to month 6 were estimated with a linear mixed model of repeated measures approach.

Results: A total of 231 patients (mean age, 55.5 years, 27.3% over 65 years, 62% female) were enrolled from Italy and included in the analysis. Mean(SD) SDS total score, PHQ-9, PDQ-5 scores at baseline were 17.8(7.58), 15.7(5.97) and 9.8(4.99), the scores(SE) decreased by 6.6(0.64), 5.9(0.47) and 3.6(0.36) from baseline to last visit. Mean(SE) EQ-5D-5L utility index increased by 0.13(0.01). Safety and tolerability profile of vortioxetine was in line with the established profile.

Conclusions: Improvements in overall functioning, depressive symptoms, cognitive function and quality of life were observed in patients treated with vortioxetine, including a wide proportion of elderly patients in a real-world setting.

Disclosure: A. Pugliese is an employee of Lundbeck Italy. K. Simonsen and H. Ren are employees of H. Lundbeck A/S.

Keywords: Depression; real world evidence; vortioxetine; effectiveness

EPP0636

Genome-wide association study of depression symptoms using online self-questionnaires in the Russian population cohort: preliminary results

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Introduction: Depression is a chronic, recurrent mental disorder with a moderate level of genetic impact. Modern GWAS of depression require extra-large sample sizes and new effective, clinically sensitive, objective and simple to fill online phenotyping tools for population studies are necessary today.

Objectives: Aim: to test online phenotyping tools based on clinical and psychometric instruments to evaluate depressive symptoms in population cohort for using in GWAS

Methods: Participants: 2610 Russian-speaking respondents- clients of Genotek Ltd., provider of genetic testing services in Russian Federation. The online survey included HADS-D (Hospital Anxiety and Depression Scale - depression subscale), original questionnaire adapted for self-report from major depression DSM-5 criteria, questions about sex and age. Three research phenotypes were defined: quantitative "HADS-D score" and two categorical "HADS-D depression" (cut-off 8 points) - 20.63 %, "DSM depression" 16.73 %. DNA samples obtained from saliva were genotyped on Illumina Infinium GSA v1.0/v2.0/v3.0 microarrays. GWAS analysis was performed independently for each of the research phenotypes.

Results: None of the signals reached genome-wide significance (p value 10⁻⁸), but some signals with subthreshold significance were identified including four signals in the genes encoding proteins: "DSM_Depression": rs2131596 in *GRIPI* (p=3.682e-06, β =0.6965), rs11158021 in *SAMD4A* (p=2.841e-06, β =0.6762), "HADS-D Depression": rs2425793 in *CDH22* (p=4.408e-07, β =1.539), rs36006890 in *PDIA6* (p = 6.529e-07, β =1.549).

Conclusions: Preliminary results of the first GWAS of depression symptoms in the Russian population are acceptable and confirm the accuracy of the research strategy using online phenotyping tools based on clinical and psychometric instruments and provide basis for further studies.

Disclosure: The study was supported by Russian Science Foundation Grant # 20-15-00132

Keywords: Depression; GWAS; phenotyping

EPP0637

Factor Structure of Catatonia in Catatonic Depression

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Introduction: Depression with catatonic features is a relatively common condition that can pose difficulties in nosological assessment and lead to life-threatening complications.

Objectives: To determine the structure of catatonia associated with depression, and its subtypes.

Methods: The exploratory factor analysis with maximum likelihood (MLE) data extraction and varimax rotation was used in a sample of 96 patients with depressive, bipolar or schizophrenia spectrum disorders, who were depressed and who met the criteria for catatonia according to the Bush-Francis Catatonia Screening Instrument (BFCSI).

Results: The factor analysis revealed four factors of catatonia in depression, accounting for 57.3% of the variance. "Agitated" factor (eigenvalue 5.65, 18.2% of the variance) includes agitation, impulsivity, emotional lability, verbigeration, sudden muscular tone alterations, ambitendency, perseveration and stereotypy. "Hypokinetic" factor (eigenvalue 5.05, 16.3% of the variance) includes mutism, withdrawal, stupor, staring, negativism, rigidity, posturing and gegenhalten. "Proskinetik" factor (eigenvalue 3.65, 11.8% of variance) includes automatic obedience, mitgehen, echophenomena, catalepsy and waxy flexibility. "Parakinetic" factor (eigenvalue 3.41, 11.0% of variance) includes grimacing, flat affect, compulsive emotions, mannerisms and compulsive behavior. "Agitated catatonia" is a more specific subtype and is usually associated with bipolar disorder. "Hypokinetic catatonia" is the most common but less specific subtype. "Proskinetik catatonia" in depression does not occur apart from other subtypes of catatonia. "Parakinetic catatonia" is most commonly associated with schizophrenia spectrum disorders.

Conclusions: Our study shows the heterogeneity of catatonic features in depression and facilitates the nosological diagnosis of catatonic depression.

Disclosure: No significant relationships.