

**Methods:** We examined patients with MDD (n=43) during the depressive episode. A subgroup of these patients was also diagnosed with BPD (MDD+BPD group; n=23), the other group had no comorbid personality disorder (MDD group; n=20). We assessed the patients' mentalization abilities using the Hungarian version of the Reading the Mind in the Eyes test, the Faux Pas test, and the MASC test. Additionally, symptom scales (measuring the severity of anxiety, and depression), WAIS (Wechsler Adult Intelligence Scale), the Childhood Trauma Scale, as well as scales measuring affect regulation and attachment were used during the assessment.

**Results:** There were no differences between the two groups in terms of age, IQ, or the severity of depression and anxiety. The MDD+BPD group exhibited significantly poorer performance in the MASC total mentalization score (MW U=118, df=1,41, p< 0,001), as well as in the hypermentalization score (MW U=98,5, df=1,41, p< 0,001). The MDD+BPD group achieved significantly lower results on the emotion recognition and mentalization measures in the RMET test (t=2,883, df=1,41, p< 0,001). The MDD+BPD group performed significantly worse on the Faux Pas test measuring mentalization (MW U=144,5, df=1,41, p< 0,001). In the whole sample, MASC performance correlated with overall IQ.

**Conclusions:** The MASC, RMET, and Faux Pas tests show a consistent trend and indicate significant differences between the mentalization abilities of MDD+BPD and MDD patients. Our findings are in line with data in the literature: BPD patients' implicit mentalization with a predominance of hypermentalization is impaired. This impairment is detectable when we compare their performance with MDD patients without BPD. In the future, a larger sample size, additional tests, and the inclusion of a control group are needed to further investigate MDD and MDD+BPD patients' mentalizing deficits. However, our results emphasize the significance of mentalization-based therapies in the therapy of patients with BPD and depression.

**Disclosure of Interest:** None Declared

## EPV0370

### Depression among patients with ankylosing spondylitis in southern Tunisia: Prevalence and associated factors

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doi: 10.1192/j.eurpsy.2024.1096

**Introduction:** Ankylosing spondylitis (AS) is one of the most common inflammatory rheumatisms. It is a chronic, sometimes disabling and it could cause both physical and psychological problems among patients, including depression.

**Objectives:** With this in mind, the objective of our work was to study the prevalence of depression among patients with AS and to determine its associated factors.

**Methods:** This was a retrospective descriptive and analytical study, carried out in 2021 over a period of 5 years in southern Tunisia on patients with a confirmed diagnosis of AS established in accordance with the ASAS diagnostic criteria (Assessment of Spondyloarthritis

International Society) or the modified New York criteria for AS. Depression was assessed using the *Hospital anxiety and Depression (HAD) score*. A HAD score>10 means certain depression.

**Results:** A total of 62 patients were included in our study. The median age was 39 years with an interquartile range (IQR) = [32-50 years]. There were 35 men (56.5%). Inflammatory back pain was noted among 51 patients (82.3%). Extraarticular manifestations were noted among 14 cases (22.6%) and were mainly ocular (11 cases; 78.4%). The diagnosis was confirmed by ASAS criteria in 55 cases (88.7%). AS was treated symptomatically in 58 cases (93.5%), specifically by basic treatment among 17 patients (27.4%) and by additional physical rehabilitation among 15 patients (24.2%). Depression was certain among 30 patients, giving a global prevalence of 48.4%. The factors statistically associated with this disease among patients with AS were having a low level of education (illiterate or primary) (Odds Ratio (OR) = 2.87; p = 0.044), being clinically suffering from severe fatigue (OR= 7.14; p<0.001), have a poor quality of life [Ankylosing spondylitis quality of life questionnaire (Asqol) Score ≥13] (OR=4.52; p=0.007) and have certain anxiety (HAD>10) (OR=19; p<0.001).

**Conclusions:** In addition to its clinical impact on patients, the psychological impact of AS was considerable in terms of depression. The factors associated with it were individual, clinical, and psychological. Thus, psychological support must be coupled with AS medical management in order to prevent psychological disorders among patients, particularly depression.

**Disclosure of Interest:** None Declared

## EPV0371

### Alcohol Use Disorder and Depression: The Complexity of Comorbidity

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doi: 10.1192/j.eurpsy.2024.1097

**Introduction:** Alcohol Use Disorder (AUD) and depression are among the most prevalent mental health concerns on a global scale. The co-occurrence of alcohol use disorder (AUD) and depression has been well acknowledged, leading to intricate issues in diagnosis, treatment, and prognosis.

**Objectives:** This study aims to analyse the complex correlation between AUD (Alcohol Use Disorder) and depression, with a specific emphasis on examining common underlying causes, reciprocal influences, and potential implications for clinical treatment.

**Methods:** An exhaustive review of literature was undertaken, emphasizing epidemiological studies, neurobiological research, and the efficacy of combined treatment modalities. The review also delved into the potential role of genetics, environmental factors, and psychosocial stressors in co-occurrence.

**Results:** The available evidence indicates that there exists a reciprocal relationship between depression and alcohol use disorder (AUD), wherein each disease can serve as a triggering factor for the other. This interplay between depression and AUD forms a detrimental cycle that intensifies the severity of both conditions. The comorbidity of various disorders may be attributed to the presence of shared neurochemical pathways, with a particular emphasis on the serotonin system. Furthermore, the co-occurrence of both illnesses frequently leads to heightened symptom severity, reduced treatment efficacy, and a higher risk of suicide.

**Conclusions:** The complex relationship between alcohol use disorder (AUD) and depression underscores the need for a comprehensive and integrated therapy strategy. The effective management of this comorbidity necessitates the implementation of multidisciplinary collaboration, patient education, and early intervention.

**Disclosure of Interest:** None Declared

## EPV0372

### Post-psychotic depression: what are its characteristics?

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doi: 10.1192/j.eurpsy.2024.1098

**Introduction:** Depression in psychosis has been more or less neglected as a field of study, due to its vague nosographic framework. Some studies have nevertheless focused on certain features of depression in psychosis, such as post-psychotic depression. This is a frequent phenomenon with a nosographic and etiopathogenic complexity that can lead to confusion.

**Objectives:** To study the characteristics of post-psychotic depression and compare results with those in the literature.

**Methods:** It is a prospective, descriptive, case series study conducted at the Ar-Razi psychiatric hospital in Salé. Inclusion criteria were patients diagnosed with a brief psychotic disorder, schizophreniform disorder or schizophrenia, in remission, who met the criteria for a DSM 5 characterized depressive episode. Data are collected during the psychiatric interview with the patient, using a questionnaire.

**Results:** Ongoing

**Conclusions:** Ongoing

**Disclosure of Interest:** None Declared

## EPV0374

### The peak of the ‘Blue Monday’ depression and winter blues.

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doi: 10.1192/j.eurpsy.2024.1099

**Introduction:** For many people, January is the most depressing month of the year. “Blue Monday” encompasses the generally

accepted belief that Monday is the hardest day of the week compared to Friday and Saturday, which are the most anticipated days of the week. The connection between the color blue and Monday is in the emotional stage, which is presented as emotional anger. The third Monday in January is currently known as the most depressing day of the year. Speaker Cliff Arnall was the first to declare that day in 2014. The theory says that this is the time of the year when respiratory diseases are common, the day is shorter, the weather conditions are worse, and the time when people are burdened with guilt about whether they will achieve their New Year’s resolutions.

**Objectives:** The aim of this work was to investigate that on third Monday in January there were more suicide attempts and that there were more depressive disorders in emergency psychiatric admissions.

**Methods:** In the research, we included participants who were examined at the Emergency Psychiatric Admission of the Clinical Hospital Center in Split, in the period from 2019. until 2023. Inclusion criteria were respondents of both sexes, examined in the outpatient clinic on Mondays in January for five years.

**Results:** There were 198 of them in total. The primary outcome of the research is to determine the occurrence (incidence) of psychological deterioration in patients diagnosed with the anxiety-depressive spectrum. The secondary research outcomes are of a descriptive nature, patient follow-up, examination outcome, and psychiatric heredity.

**Conclusions:** For now, there are no strong scientific foundations that justify the formula of “the most depressing day” of the year, some scientists believe that it is a marketing trick to achieve higher tourist revenues. However, the post-holiday period can have an impact on individuals.

**Disclosure of Interest:** None Declared

## EPV0376

### “It was all yellow” first patient with resistant depression treated with esketamina

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doi: 10.1192/j.eurpsy.2024.1100

**Introduction:** Esketamine, an active Ketamine isomeric form that indirectly inhibits the GABAergic neuronal pathways, has been recently approved to treated severe, resistant depressive disorders. Here, we present the case of a 64 years old woman diagnosed with severe, resistant depression and an initial score of 28 points in the Hamilton Depression Rating Scale who was treated with Esketamine with excellent response and a HDRS of 8 points after 4 months.

**Objectives:** To expose our experience with the first patient treated with Esketamine in our Hospital.

**Methods:** Describing the patient’s patobiography and the different treatments lines tried in first place and exposing the experience among Ketamine treatment and the final results.