of major depression, and a lack of magnesium is a potential source of anxiety disorders.
Choosing a diet rich in micronutrients (whole grains, cereals, fresh fruits, and vegetables) can address potential deficiencies and contribute to a more adaptive and balanced mood. Similarly, carefully selected dietary supplements can prove to be effective.
Objectives: it shows the importance of alimentation and her role on Primary and secondary prevention in depressive disorders.
Methods: This poster is a prospective study done on 100 random people via a multi choice quizz, to see the impact of their food on their mental health .
Results: in the making
Conclusions: Food should today be universally considered as a potential risk factor or protective factor in depressive disorders. Since the recent decades, nutritional psychiatry has developed a field of research promising The International Society For Nutritional Psychiatry Research (ISNPR) who is a collective of doctors and researchers with the common objective of advance research and communication of nutritional medicine in the field of psychiatry. Cross-sectional epidemiological studies finding an association between diet quality and mental health in longitudinal studies, a step has been taken. The observational data have been widely replicated and documented in several meta-analyses and are supported by prospective studies studying the effectiveness of improving nutritional quality in the treatment of depression. It now appears necessary that in the near future psychiatrists must receive training on the impact of diet in psychiatric disorders including depression, and get into the habit of taking an interest in the eating habits of their patients, as well as their microbiota .

Disclosure of Interest: None Declared

EPV0766

Vitamin D, vitamin B12, folate, homocysteine, and major haemato-chemical parameters in patients with mood disorders

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Introduction: The potential involvement of the immune and inflammatory systems has been extensively studied in mood disorders (MDs). Despite these findings and despite the fact that the pathogenetic role of altered immunologic and metabolic profiles in MDs is being confirmed in many current studies, there is still a lack of consensus about it, due to controversial results.
Objectives: The present study aimed to appraise peripheral metabolic parameters (blood glucose, lipoproteins, triglycerides, uric acid, blood urea nitroge [BUN], transaminases and others9 and plasma/serum levels of essential nutrients (vitamin D, B12, folate and homocysteine) in a group of inpatients affected by MDs, as compared with healthy controls.
Methods: Methods. Ten ml of venous blood was drawn from fasting subjects. The metabolic parameters and vitamins were measured according to common clinical-chemistry methods.Comparisons for continuous variables were performed by the Student's t-test for variables that follow a normal distribution, and by the Wilcoxon-Mann-Whitney test for variables not normally distributed. The correlations between biological markers were explored by calculating the Pearson's correlation coefficient or Spearman rank correlation.
Results: Most patients showed loer circulating vitamin D levels, in respect to both control subjects (P< .0001) and the normative cut-off values. This finding was paralleled by increased serum homocysteine concentrations i (P<.0001), indicating an imbalance in their methionine metabolism. Homocysteine levels were negatively correlated with vitamin D, vitamin B12 and folate in control subjects, but not in patients. In addition, patients displayed higher blood glucose and lower BUN than controls, indicating an impaired protein-to-carbohydrate metabolism and/or altered nutritional/dietary status.
Conclusions: We provide herein further support to the notion that MD patients are a population where vitamin deficits, dysmetabolism and/or dietary defects are common feature, and, s such, they might be more vulnerable to a variety of somatic illnesses than the general population. This cross-sectional investigation, albeit preliminary, might contribute to improve the characterization and the monitoring of the clinical status of mood disorder patients, as well as to identify new molecular targets for more tailored treatments ad of more pointed health-care intervention,

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Promotion of Mental Health

EPV0768

Quality of life in children and adolescents with beta thalassemia

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Introduction: Children and adolescents with thalassemia suffer from chronicity of the disease and its treatment, including transfusion dependence and complications of iron overload.
Objectives: To investigate the quality of life of children and adolescents with Beta Thalassaemia.
Methods: This study is a cross-sectional study conducted at the Greek public Children's Hospital. PedsQL ™ 4.0 Generic Core Scale (Greek version) was used to evaluate HRQOL in 41 thalassemia patients aged between 5 and 18 years and in 41 healthy controls of the same age range. For the analysis, the Statistic Package (SPSS ver.24) was used. Using Spearman's correlation coefficient, t-test and MannWhitney tests were used, while for variables with three or more levels the Anova and Kruskall-Wallis. In order to investigate the relationship between two quantitative variables, Spearman's correlation coefficient was used, while the relationship between two qualitative variables was used to control x2. As a statistical significance level, $\alpha = 5\%$ was defined.
Results: Of the 41 children with beta Thalassemia who participated in the study, 48.8% (n = 20) were boys and 51.2% (n = 21) girls. The mean age of children was 10.02 ± 4.10 years. For healthy children who participated in the study 51.2% (n = 21) were boys