

EPV0369

Developing scale for affective response: anxiety, anger, depression

H. Y. Shin, D. Y. Kim and S. W. Choi*

Clinical Psychology, Duksung Women's University, Seoul, Korea, Republic Of

*Corresponding author.

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Introduction: People experience various negative emotions when they encounter stressful events, and these negative emotions contribute to the onset of illnesses. These emotional responses are not limited to just one; a person can experience multiple emotions at once, and the primary emotional reactions can vary depending on the severity and duration of the illness or life events. This is reason why we created a self-report scale to assess short-term emotional responses, focusing on the current emotional state experienced subjectively by patients.

Objectives: The purpose of this study was to develop an affective response scale (ARS) and examine its validity and reliability.

Methods: We established clusters of affective via a literature review and developed preliminary items based on the structure. We conducted expert content validation to converge on the final items, followed by construct validity and reliability analyses.

Results: The research findings indicate that the Affective Response Scale was composed of three main dimensions: anxiety, anger, and depression. Content validity results confirmed the validity of most items. The scale developed in this study was found to be valid in both exploratory and confirmatory factor analyses, and it was identified to be stable and consistent through the analysis of the internal reliability.

Conclusions: These results indicate that the ARS is highly reliable and valid, and that it can be utilized as an effective measure of the patient's emotion and its severity.

Disclosure of Interest: None Declared

Depressive Disorders

EPV0368

Circadian Preferences and Coping Styles to Stressful Life Events in Depression Patients

P. Güzel Özdemir*, T. Ülkevan, M. Işık and E. Sütçü

Van Yuzuncu Yil University, Van, Türkiye

*Corresponding author.

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Introduction: Depressive disorder is a common public health problem that significantly impairs quality of life and has a high risk of mortality and morbidity.

Objectives: The aim of this study was to investigate circadian rhythm differences, stressful life events and coping styles in patients with depression.

Methods: The study involved 100 participants, including 50 patients with depression and 50 healthy controls, recruited from the psychiatric clinic of one-university hospital. The participants completed a sociodemographic information form, Beck Depression

Inventory (BDI), Life Events Checklist (LEC-5), Coping Inventory for Stressful Situations-Short Form (CISS-21) and Morningness-Eveningness Questionnaire (MEQ).

Results: The mean age of the patients with depression was 31.88 ± 10.6 years, and the control group was 29.84 ± 8.02 years. There were no significant relationships between the variables including gender and some other sociodemographic characteristics except education level. There were significant differences between the depression and control groups in terms of coping styles for stressful life events. Emotional coping was significantly higher in patients with depression compared to the control group, whereas task-oriented coping was significantly lower than the control group ($p < 0.05$). The majority of both depression and the control group consisted of intermediate type. Natural disasters, severe suffering, and other stressful events or experiences were more frequent stressful life events in the depression group. Task-oriented coping scores and emotional coping scores showed significant discrimination with sensitivity and specificity values.

Conclusions: Recognizing stressful life events and the coping strategies used to deal with them is important for identifying future mental problems such as depression and developing treatment and follow-up plans. Longitudinal studies are needed to fully understand how the reporting of mature and dissociative coping methods interacts with depression in recovery from traumatic events.

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EPV0369

Mentalizing Abilities in Major Depressive Disorder and Borderline Personality Disorder: Measuring Hypermentalization and Implicit Mentalization with the Hungarian Version of the MASCD. Karakas-Török¹, E. Fábi¹, M. Szennai¹, C. Csuta¹, O. Kelemen^{2,3}, T. Tényi¹, B. Czéh^{4,5} and M. Simon^{1,5*}

¹Department of Psychiatry and Psychotherapy, Medical School, University of Pécs, Pécs; ²Albert-Szentgyörgyi Medical School, Department of Behavioral Sciences, University of Szeged, Szeged; ³Department of Psychiatry, Bács-Kiskun County Hospital, Kecskemét; ⁴Department of Laboratory Medicine, Medical School and ⁵Neurobiology of Stress Research Group, Szentágotthai János Research Centre, University of Pécs, Pécs, Hungary

*Corresponding author.

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Introduction: Borderline Personality Disorder (BPD) is the most common personality disorder in psychiatric care. BPD often co-occurs with Major Depressive Disorder (MDD). Both BPD and MDD are associated with various impairments of social functioning. Among these, mentalizing disturbances are the most extensively studied.

Objectives: The Movie for the Assessment of Social Cognition (MASC) is an ecologically valid video-based test, which is suitable for measuring both hypermentalization and implicit mentalization. Based on the literature, it is sensitive enough to detect mild deficits in mentalization capacities. In this study, we investigated mentalization deficits with a special focus on implicit mentalization and hypermentalization in patients with MDD and MDD+BPD with a set of well-established mentalization tests including MASC.

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

A. Feki^{1*}, I. SELLAMI^{2,2}, M. Baklouti³, N. Ketata³, Z. Gassara¹, S. Ben jema¹, M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹, R. Akrou¹, S. Baklouti¹ and Y. Mejdoub³

¹Rheumatology; ²occupational medicine and ³Community Medicine and Epidemiology Department, Hedi chaker hospital, Sfax, Tunisia

*Corresponding author.

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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

A. H. I. Abu Shehab^{1*}, T. Simona², A. B. Ciubară³, D. C. Voinescu⁴, ? L. Burlea⁵ and A. Ciubară⁶

¹Psychiatry Department, "Elisabeta Doamna" Psychiatric Hospital, Galati; ²Psychiatry Department, Carol Davila University of Medicine and Pharmacy, Bucharest; ³Orthopedics and traumatology Department; ⁴Rheumatology department, "Dunărea de Jos" University - Faculty of Medicine and Pharmacy, Galati; ⁵Technology, Prothesis and Implantology, University of Medicine and Pharmacy "Grigore T. Popa", Iași and ⁶Psychiatry Department, "Dunărea de Jos" University - Faculty of Medicine and Pharmacy, Galati, Romania

*Corresponding author.

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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.