

Conclusions: There is no universally agreed-upon definition for treatment resistance. In this sample, different definition and staging methods were employed to examine the similarities and differences in the clinical and treatment related characteristics of groups with TRD identified with each. The reasons and possible implication of concurrence and discordance between the methods will be discussed.

Disclosure of Interest: None Declared

EPP0379

Exploring the Interplay Between Early Maladaptive Schemas and Depression: A Comparative Analysis

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doi: 10.1192/j.eurpsy.2024.541

Introduction: Depression, a pervasive mood disorder, significantly impairs one's quality of life. Early Maladaptive Schemas (EMS), ingrained thought patterns stemming from early life experiences, play a pivotal role in shaping adult beliefs and behaviors. This study delves into the relevance of specific EMS domains—Emotional Inhibition (EI), Negativity/Pessimism (NP), and Social Isolation/Alienation (SI)—in influencing the severity of depression among medical students and diagnosed patients.

Objectives: Our primary goal was to assess the correlation between specific EMS domains and depression severity in medical students and clinically diagnosed patients. We aimed to elucidate whether these schemas could serve as indicators for potential depressive tendencies or if they had a stronger association in those already diagnosed with depression.

Methods: We conducted a prospective cross-sectional analysis involving 73 medical students and 61 diagnosed depression patients (aged 18-32). Four key variables—Depression, EI, NP, and SI—were measured using the Beck Depression Inventory-2 and The Young Schema Questionnaire-Short-form-3 in the Romanian context. Statistical analyses, including correlation coefficients and t-tests, were employed to explore the relationships between EMS domains and depression severity.

Results: In the non-clinical sample, we identified moderate, statistically significant correlations between depression and EI ($r=0.63$), NP ($r=0.71$), and SI ($r=0.59$). Conversely, the clinical sample exhibited slightly weaker, yet significant correlations (EI- $r=0.42$, NP- $r=0.39$, SI- $r=0.29$). Notably, significant differences emerged between the groups in all measured variables. These findings imply that while a positive correlation between EMS variables and depression exists in both samples, the association weakens in diagnosed patients, indicating that these schemas may be less predictive in this population.

Conclusions: Our study underscores the importance of understanding EMS domains in assessing depression severity. While specific schemas—EI, NP, and SI—correlate with depression in both medical students and diagnosed patients, this link is notably weaker in the latter group. Elevated EMS variables suggest a potential for future subclinical depression in medical students, but they

might not strongly predict depression in those already diagnosed. These nuanced insights have implications for preventive interventions and therapeutic approaches tailored to individuals at different stages of depression, thereby enhancing targeted mental health care strategies.

Disclosure of Interest: None Declared

EPP0380

DNA methylation signatures support the role of neutrophils and monocytes in depression

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doi: 10.1192/j.eurpsy.2024.542

Introduction: Research repeatedly linked inflammation with major depressive disorder (MDD). The presence of an inflammatory subtype of depression is supported by molecular findings as well as imaging reports. We investigated the cell type composition estimated by using epigenome-wide DNA methylation markers in a sample of depressed individuals showing high or low inflammation levels measured by hsCRP. We aimed to understand the connection between depression and inflammation, specifically differences in cell type compositions between high and low inflammation groups at baseline.

Objectives: 119 individuals with MDD were included for this analysis. Following quality control procedures, 113 participants were included in the analysis ($M_{age}=47$ years, 57.98% women). The sample consisted of 37 individuals with high hsCRP (hsCRP > 1.5, $M_{age}=45$, $M_{hsCRP}=8.2$, $M_{MADRS}=28$, 70% women) and 76 individuals with low hsCRP (hsCRP < 1.5, $M_{age}=44$, $M_{hsCRP}=0.99$, $M_{MADRS}=28$, 49% women).

Methods: The Illumina Infinium MethylationEPIC 850k BeadChip was used for analyzing whole blood derived DNA. Data processing and cell type estimation was conducted using the RnBeads package. We applied the Houseman method to estimate cell type composition through epigenome-wide DNA methylation signatures, resulting in six cell types: neutrophils, natural killer cells, B cells, CD4+ T cells, CD8+ T cells and monocytes. Comparisons between both groups were tested using ANOVA.

Results: High and low hsCRP groups were compared for each of the six cell types estimated. A statistically significant difference was seen for monocytes ($p=0.0316$) and a trend for neutrophils ($p=0.0742$). The mean values for neutrophils in patients without inflammation were found to be 60%, while in patients with inflammation, it was 63%. For monocytes, the mean values for patients without inflammation and those with inflammation were 10% and 9.4%, respectively, with a smaller range (4.5%-14.3%) for individuals with inflammation as compared to patients without inflammation (5.3%-20.7%). None of the other four cell types showed a statistically significant difference.

Conclusions: We identified differences in the cell type composition between groups of depressed patients with high versus low inflammation. These results align with the existing body of knowledge reported in established academic literature. Our study

emphasizes the role of specific cells like neutrophils and monocytes in inflammation and depression. These findings offer valuable insights for improving depression treatment strategies as inflammation state may be relevant for treatment response. We also show the merit of DNA methylation signatures for the profiling of patients' inflammation status, i.e., immunomethylomics.

Disclosure of Interest: None Declared

EPP0381

Personality Traits in Patients with Depression: Association with Symptoms of Depression and Anxiety

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doi: 10.1192/j.eurpsy.2024.543

Introduction: The symptoms of depression and anxiety, which are frequently comorbid, may be significantly impacted by the individual's personality, even considering the complex etiology of depression. Several studies have shown that while certain personality traits may act as protective factors, others may increase vulnerability to depression and anxiety. Understanding these relationships may be important since personality traits have gained attention as potential determinants of symptom severity and treatment outcomes.

Objectives: To identify and evaluate the association of personality traits with symptoms of depression and anxiety in patients with depression.

Methods: The study involved 80 inpatients (≥ 18 years), hospitalized in University psychiatry department with depression diagnosis based on the ICD-10-AM classification. Subjects were asked to fill the Overall Anxiety Severity and Impairment Scale ("OASIS"), the Big Five Personality Dimensions scale and the Patient Health Questionnaire-9 (PHQ-9). Data analysis included descriptive data, Shapiro-Wilk test, Spearman correlation, Kruskal-Wallis test and Chi-Square test, with a significance threshold of $p < 0.05$.

Results: Severe (26.3%) and very severe (41.3%) depressive symptoms were the most prevalent. Extraversion was associated with minimal ($p = 0.002$), conscientiousness with mild ($p < 0.001$), neuroticism with very severe depressive symptoms ($p = 0.003$). The majority of depressed patients had severe (33,75 %) or very severe (32,5 %) anxiety symptoms. Anxiety symptoms were associated with more severe depressive symptoms ($r = 0.704$, $p < 0.001$). The association of conscientiousness and moderate anxiety symptoms was found ($p = 0.004$). In the presence of expressed neuroticism, most of the respondents showed very severe anxiety symptoms, in the absence of neuroticism – moderate anxiety symptoms ($p < 0.001$).

Conclusions: The results showed that personality traits were associated with severity of depression and anxiety symptoms in psychiatry inpatient with depression. Therefore, recognition of predominant personality traits in patients with depression may be helpful in selecting treatment and predicting treatment outcomes.

Disclosure of Interest: None Declared

EPP0382

The impact of ruminative thought style on the maintenance of depressive mood

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doi: 10.1192/j.eurpsy.2024.544

Introduction: Ruminations are a cognitive style of "thought recycling", which involves passively and repeatedly focusing on disorder and distress symptoms, or their causes, without attempting to alleviate them. They are a significant indicator of cognitive vulnerability, predicting the emergence, maintenance, and recurrence of depressive symptoms.

Objectives: To estimate the impact of the ruminative thought style on the maintenance and escalation of depressive mood.

Methods: The research sample consisted of 60 students between the ages of 19 and 30 ($M = 23$), divided into two experimental groups with 30 participants each. The participants took part in a 5-minute experiment that involved recalling an autobiographically sad event, assessing their mood on the Scale for Self-Assessment of Emotions (EAS) before and after the induction, and then splitting into two groups of 30 participants for random ruminating or distraction. The Beck Depression Inventory-II, the Ruminative Response Scale, the Ruminative Thought Style Questionnaire, and the EAS were used as research instruments. The progressive group relaxation approach was used at the end of the experiment with all participants to promote relaxation and lessen the psychophysical tension brought on by the experimental induction (10 minutes total).

Results: The experimental groups did not differ in mood intensity prior to the induction of sadness. Both experimental groups experienced significant impacts on depressed mood following the induction of sadness ($F(1,58) = 92.05$, $p < 0.001$): participants who ruminated demonstrated persistence in their negative mood, whereas participants who engaged in distractions demonstrated a decrease in their negative mood, even below the initial level ($F(2,116) = 12.69$, $p < 0.001$).

Conclusions: This result provides an additional experimental validation of the phenomenon of maintaining a depressive mood through ruminations. An essential psychotherapy goal should be the treatment (metacognitive therapy, rumination-focused CBT, mindfulness, cognitive bias correction, etc.) of such mechanisms, recognized as crucial for the maintenance of depression.

Disclosure of Interest: None Declared

EPP0383

Assessment of various dimensions of impulsivity and their expression in unipolar and bipolar affective disorder

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doi: 10.1192/j.eurpsy.2024.545