Objectives: This study aimed to find whether early-onset depression had an association with specific clinical symptoms, comorbid psychiatric disorders and family history of mood disorders.
Methods: This pilot cross-sectional, multicenter study was performed under the supervision of the Russian National Consortium for Psychiatric Genetics. Early-onset depression was defined as the first depressive episode before the median age of onset in the sample (Me=29 years). Logistic regression models were used to determine the independent association of early-onset depression, after adjusting for the effects of sex and age, with binary characteristics.
Results: A total of 172 patients with depression were enrolled in the study (64.5% women; age - 40.9 (15.9) years). Early-onset depression was associated with psychomotor retardation (p=0,025; OR=2,3; 95%CI [1,1 - 4,9]), decreased libido (p=0,014; OR=2,8; 95%CI [1,2 - 6,2]), and lower prevalence of weight loss/decreased appetite (p=0,011; OR=0,4; 95%CI [0,2 - 0,8]). No associations were found with the history of comorbid psychiatric disorders and the family history of mood disorders.
Conclusions: Early-onset depression is associated with specific neurovegetative symptoms. Further clinical and genetic studies are needed to evaluate the specific effects of age at onset of depression on its clinical course.

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Keywords: Depression; Family history; age at onset; Neurovegetative Symptoms

EPP0059

Mentalizing abilities and serum lipid levels in adult MDD patients with childhood maltreatment – preliminary results

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Introduction: Childhood maltreatment (CM) contributes to negative mental and physical health outcomes including major depressive disorder (MDD), and an elevated risk for cardiovascular disease (CDV) in adults. Also, childhood maltreatment can be related to mentalizing deficits in MDD. Cardio-metabolic diseases often coincide with MDD and worsen its course and outcome. Little is known on the interplay of these factors.
Objectives: We examined MDD patients with and without CM to explore the effects of CM on serum lipid and lipoprotein levels and assessed their mentalizing abilities. Self-oriented mentalizing was operationalized as emotional self-awareness/alexithymia, other-oriented mentalizing was defined as theory of mind (ToM).
Methods: MDD patients (N=42) and healthy controls (n=20) matched in age, sex, and lifestyle were investigated. Total cholesterol, triglycerides, high- and low-density lipoproteins (HDL-C and LDL-C), body mass index, and exercise in a typical week were measured. Beck Depression Inventory, Childhood Trauma Questionnaire, Toronto Alexithymia scale, and the Reading the mind in the Eyes Test were used to assess clinical symptoms, mentalizing abilities and CM.
Results: After controlling for depressive symptom severity, demographic and lifestyle variables, CM was found to be a strong predictor of serum lipid alterations. Mentalizing deficits correlated with CM. Serum triglycerides, HDL-C were significant predictors of ToM performance (P<0.05, and P=0.005) and alexithymia (P< 0.05, and P< 0.05) in the MDD group.
Conclusions: Several, inter-correlated pathways may mediate the undesirable effects of CM on the course and outcome of MDD. According to our preliminary results, diminished self-awareness and ToM can be possible mediating factors.

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Keywords: major depressive disorder; childhood maltreatment; mentalizing; serum lipid levels

EPP0060

Cognitive impairment and frailty in depressed elderly

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Introduction: Cognitive frailty has recently been defined as the co-occurrence of physical frailty and cognitive impairment. Late-life depression (LLD) is associated with both physical frailty and cognitive impairment, especially processing speed and executive functioning.
Objectives: The objective of this study was to investigate the association between physical frailty and cognitive functioning in depressed older persons.
Methods: A total of 378 patients (>60 years) with depression according to DSM-IV criteria and a MMSE score of 24 points or higher were included. The physical frailty phenotype was examined as well as its individual criteria (weight loss, weakness, exhaustion, slowness, low activity). Cognitive functioning was examined in 4 domains: verbal memory, working memory, interference control, and processing speed.
Results: Of the 378 depressed patients (range 60-90 years; 66.1% women), 61 were classified as robust (no frailty criteria present), 214 as prefrail (1 or 2 frailty criteria present), and 103 as frail (>3 criteria). Linear regression analyses, adjusted for confounders, showed that the severity of physical frailty was associated with poorer verbal memory, slower processing speed, and decreased working memory, but not with changes in interference control.
Conclusions: Physical frailty in LLD is associated with poorer cognitive functioning, although not consistently for executive functioning. Future studies should examine whether cognitive impairment in the presence of physical frailty belongs to cognitive frailty and is indeed an important concept to identify a specific subgroup

of depressed older patients, who need multimodal treatment strategies integrating physical, cognitive, and psychological functioning.

Disclosure: No significant relationships.
Keywords: cognition; Older Adults; Frailty; Depression

EPP0061

Association of FKBP5 gene methylation and adolescents' sex with depressive symptoms outcomes: a nested case-control study among Chinese adolescents

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Introduction: Altered DNA methylation in the FK506 binding protein 5 (*FKBP5*) gene has been shown to regulate stress response, which may serve as a biomarker of depression and a promising candidate for explaining sexual differences. However, there is no consistent conclusion so far.
Objectives: The present study aimed to test the associations of *FKBP5* DNA methylation with depressive symptoms and whether these associations were influenced by sex.
Methods: A nested case-control study comprising 87 cases and 151 controls was conducted in South China from January 2019 and December 2019. Peripheral blood for DNA extraction and DNA methylation analysis of *FKBP5* gene promoter was collected, and severity of depressive symptoms was assessed at baseline and after one year follow-up.
Results: Compared to healthy controls, lower methylation percentage of *FKBP5*-12 CpG 1 was observed in adolescents with depressive symptoms after adjusting covariates (case: 0.94 ± 2.00, control: 0.47 ± 0.92; $F = 5.41$, $P = 0.021$). In addition, hypomethylation of *FKBP5* CpG sites was not an independent risk factor for depressive symptoms after adjustment for environmental stress factors ($P > 0.05$). No significant sex differences were found in the association of *FKBP5* gene methylation with depressive symptoms.
Conclusions: Lower levels of *FKBP5* methylation were found in adolescents with depressive symptoms. Our study supported that the epigenetic factors did not act alone in the development of depressive symptoms. Taken together, these findings contribute to a better understanding of complex mechanisms of gene-environment interactions involved in depression.

Disclosure: No significant relationships.
Keywords: FKBP5; DNA methylation; depressive symptoms; sex differences

EPP0062

Specifics of depression in epilepsy

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Introduction: The strong comorbidity between depression and epilepsy is widely acknowledged. However, depression in epilepsy can manifest atypically, leading to its low detection rate and lack of access to treatment in patients with epilepsy
Objectives: To study the specifics and pattern of depression in epilepsy for its timely diagnosis and therapy and to prevent suicide risk and improve the quality of life in patients with epilepsy
Methods: Clinical, statistical, psychometric. A total of 149 patients, mean age 45.0 ± 11.7 years, 74 males, 75 females, were examined
Results: It was found that depression was manifested in 46.3% of patients before the onset of epileptic seizures, and in 20.8% of patients it developed after treatment with some AEDs. The incidence of symptoms characteristic of depression in epilepsy, such as unstable mood, irritability, euphoria, episodes of pain and sleep disturbances, and its' impact on the quality of life in patients with epilepsy were analysed. Gender differences were identified for a range of symptoms
Conclusions: The authors expanded their understanding of the clinical specifics of depressive manifestations in patients with epilepsy to allow timely detection and medical and rehabilitative care for these patients

Disclosure: No significant relationships.
Keywords: comorbidity; Depression; epilepsy

EPP0063

Routine treatment pathways of patients with major depression and active suicidal ideation with intent in Italy: interim results from the ARIANNA observational study

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Introduction: Major depressive disorder (MDD), especially in case of suicidal risk, is a psychiatric emergency, associated with high patient burden and healthcare resource utilization. Although active and urgent treatment is crucial, little is known on comprehensive care management of this condition in Italy.
Objectives: Here we report the ARIANNA study [NCT04463108] interim results to primarily describe the treatment utilization pathways of patients with MDD and active suicidal ideation with intent in the current clinical practice in Italy.
Methods: This observational prospective cohort study included adult patients with a moderate-to-severe major depressive episode (MDE) and active suicidality from 24 Italian sites. Real-world data