

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

D. Marazziti^{1*}, R. Gurrieri² and F. Mucci¹

¹Department of Clinical and Experimental Medicine, Section of Psychiatry and ²Department of Surgical-Medical and Molecular Pathology and Critical Care Medicine, University of Pisa, Pisa, Italy

*Corresponding author.

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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

A. Tsagkou¹, E. Evangelou², E. Vlachou², A. Zartaloudi^{2*}, E. Dousis², C. Dafogianni², M. Polikandrioti² and I. Koutelekos²

¹Greek Health System and ²University of West Attica, Athens, Greece

*Corresponding author.

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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

while 48.8% (n = 20) were girls. The mean age of the children was 9.63 ± 3.77 years. Children with Beta Thalassemia have a lower quality of life in Physical Health and Activity (<0,001), Emotional Health(0,031), School Activities(0,008), Psychosocial Health (0,014), and the overall PedsQL 4.0 (<0,001) questionnaire compared to healthy children. Children between the ages of 5 and 7 have higher levels of quality of life in physical health and activity than older children (<0,001). In addition, children aged 5 to 7 have higher quality of life and overall PedsQL 4.0 score than older children(0,033) Children receiving combination therapy show better quality of life than children receiving subcutaneous therapy (total PedsQL 4.0 <0,001).

Conclusions: Children and adolescents in all five categories had a better quality of life, after improved iron chelating methods and other psychosocial interventions.

Disclosure of Interest: None Declared

EPV0769

Parents' needs during a child's hospitalisation in a paediatric intensive care unit (PICU): a systematic review

A. Boroklinioti², A. Sarantaki¹, E. Dousis¹, A. Zartaloudi^{1*}, E. Evangelou¹, C. Dafogianni¹, M. Polikandrioti¹, E. Vlachou¹ and I. Koutelekos¹

¹University of West Attica and ²Greek Health System, Athens, Greece
*Corresponding author.
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Introduction: The admission of children to PICU is a painful experience for parents. Regularly, they are asked to make important decisions about treatment options in collaboration with the care team, which causes them stress, uncertainty and trauma.

Objectives: To investigate the needs of parents during the child's hospitalization in a pediatric intensive care unit (PICU).

Methods: A systematic review of the literature and a search of articles in the international databases PubMed, Cinahl, Google Scholar, Cochrane Library and Greek scientific journals was performed with a peer review process during the period between April and July 2022. A time limit was set regarding the date of publication of the articles (articles published in the last 15 years).

Results: Nine studies were found that met the criteria for inclusion in the review. The thematic analysis of the results deduced the following sections A: Need for information from health professionals regarding the child's health status and the possible treatment options available, B: Need for psychological support from health professionals (psychologists, nurses, doctors) in order to be able to manage the difficult situation they are experiencing due to the hospitalization of their child, but also to be able to manage their grief and sorrow in case of loss of the child. C: Need for safe hospitalisation of the child.

Conclusions: Parents have needs during their child's hospitalization in the PICU, which if put in boundaries-frames and guided by health professionals (who possess knowledge and composure in difficult moments) can bring about a smooth course of the child's health during hospitalization.

Disclosure of Interest: None Declared

EPV0770

Parents' psychosocial needs during the child's hospitalization in pediatric intensive care units (PICU): a systematic review

I. Kalogerogianni², A. Zartaloudi^{1*}, E. Dousis¹, E. Evangelou¹, C. Dafogianni¹, E. Vlachou¹, M. Polikandrioti¹ and I. Koutelekos¹

¹University of West Attica and ²Greek Health System, Athens, Greece
*Corresponding author.
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Introduction: The admission and hospitalization of a child in a Pediatric Intensive Care Unit (PICU) creates stress and anxiety in the family. The family is called upon to make important decisions about the child's treatment, while roles within the family environment are disrupted.

Objectives: The investigation of the psychosocial needs of the relatives of hospitalized children in the NICU.

Methods: We conducted a systematic review of studies published until the end of 2022 in the Greek and English languages in the databases "Pubmed", "Scopus" and "Iatrotec" with the following keywords: "Pediatric Intensive Care Unit", "Socio-psychological Needs" and "Parents".

Results: Of the 26 studies found, 5 studies met the inclusion-exclusion criteria and were included in the review. The most frequently mentioned psychosocial needs of the parents were: (1) the need for complete, immediate and honest information regarding the health status of their hospitalized child and the changes in their condition, (2) the need to provide comfort to the parents during duration of their child's hospitalization, (3) the parents' need for psychological support and guidance regarding the care of their hospitalized child, (4) the feeling of security regarding the care provided, and (5) the need for frequent contact with the hospitalized child. Also, it was observed that the medical and nursing staff underestimated some needs of the parents, such as the need for closeness, while there were others that we underestimated, such as the religious needs.

Conclusions: Parents present increased psychosocial needs during their child's hospitalization in the PICU. Nursing staff play an important role in supporting relatives by providing family-centered care.

Disclosure of Interest: None Declared

EPV0771

Evaluation of adherence to treatment in patients with anxious-depressive syndrome.

T. Jiménez Aparicio¹, M. Fernández Lozano¹, M. Merizalde Torres¹ and A. Rodríguez Campos^{1*}

¹Psiquiatría, Hospital Clínico Universitario Valladolid, Valladolid, Spain
*Corresponding author.
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Introduction: Treatment-resistant depression can pose a major challenge to mental health professionals, both in identifying cases and in devising consequent therapeutic strategies (1). However, it is not uncommon that the lack of response to antidepressant treatment is actually due to non-adherence to it in many cases (2).