

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

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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.

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EPV0371

Alcohol Use Disorder and Depression: The Complexity of Comorbidity

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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.