SUD patients 45,2% had alcohol UD(F10), 52.9% opiate UD(F11), 35.1% stimulant UD(F14;f15), 20.2% sedative UD(F13). Patients who had stimulant addiction as one of their diagnosis and patients with multiple addictions were significantly more likely (p=0.023 and p=0.012 respectively) to screen positive for ASRSv1.1 among SUD patients population. All types of SUDs were significantly more likely to screen positive for ASRSv1.1 when compared to a control group.
Conclusions: There is a strong link between SUD and ADHD symptoms. Patients with stimulant or multiple SUDs are more likely to screen positive for ADHD symptoms than other SUD patients. It is important to identify ADHD symptoms in treatment-seeking SUD patients.

Disclosure: No significant relationships.
Keywords: ADHD; Substance Use Disorder; Adult Attention-Deficit / Hyperactivity Disorder; ASRS v.1.1

O048

Depression in multiple sclerosis: RS-FMRI research

A. Temniy[1]*, K. Markin[1], M. Poplyak[2], A. Trufanov[2], D. Tarumov[1] and I. Litvinenko[2]

[1]Psychiatry, S.M.Kirov Military Medical Academy, Saint-Petersburg, Russian Federation and [2]Neurology, S.M.Kirov Military Medical Academy, Saint-Petersburg, Russian Federation

*Corresponding author.
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Introduction: Multiple sclerosis (MS) is a demyelinating and neurodegenerative disorder of the CNS, which incapacitates people of working age. Due to progressive disability, the quality of life decreases, adding a number of other diseases to the main one. Several studies have reported high rates of depression in MS with a lifetime prevalence of approximately 50%.
Objectives: Therefore, we would like to pattern the functional activation of the brain of patients with different phenotypes of MS. This would objectify the patient's condition and the effectiveness of therapy for these diseases.
Methods: 68 patients with MS were examined: 40 with a relapsing-remitting type of course (RRMS) in remission and 28 with secondary - progressive MS (SPMS). Patients underwent MRI of the brain on a Siemens Tim Trio 3.0 T tomograph and processed the data using CONN 18b software. Clinical features were estimated by tests (BDI, HADS) results.
Results: 91% of all MS patients in research have signs of depression. We noted that decreased FC in RRMS patients has a whole-brain type, but it is only decreasing, not losing the connections between brain clusters. Decreased FC and losing the connections between large-scale brain networks and brain clusters. Due to tests, more severe depression was observed in SPMS patients.
Conclusions: Our findings suggest that patients with SPMS have depression, cause of decreasing in FC between the main clusters of the brain, and patients with SPMS have more severe depression, which, as we assume, neurodegeneration has turned into atrophy and loosing all connections between clusters even in large-scale brain networks.

Disclosure: No significant relationships.
Keywords: Multiple sclerosis; Depression; rs-fMRI; comorbidity

O049

Evaluation of depression and anxiety control in greek patients with major depressive disorder with/without generalized anxiety disorder and cardiovascular disease–pronoi study

P. Papanastasiou[1]*, P. Gourzis[2], I. Nimatoudis[3] and A. Ginis[1]

[1]Medical Department, ELPEN Pharmaceutical Co. Inc., Attica, Greece; [2]Department Of Psychiatry, School of Medicine, University of Patras, Patras, Greece and [3]Third Department Of Psychiatry, Aristotle University of Thessaloniki, Thessaloniki, Greece

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.266

Introduction: Patients with depression are likely to eventually develop Cardiovascular disease(CVD) and have a higher mortality rate than general population. In addition, anxiety disorders, especially Generalized Anxiety Disorder (GAD), may be associated with mortality and other adverse cardiac outcomes.
Objectives: Evaluation of depression and anxiety control in Greek patients with Major Depressive Disorder (MDD) with/without GAD and CVD, under 6 months of treatment with citalopram, and/or quetiapine, and/or pregabalin.
Methods: 565 patients with MDD with/without GAD, enrolled in this observational, study (NCT03317262). The subgroup of 133 (24%) patients had CVD. Severity of MDD and GAD symptoms was evaluated using the HAM-D and HAM-A Scores at baseline (V_1) and after 6 months (V_3) respectively.
Results: Mean HAM-D score in patients with CVD without GAD, at V_1 and V_3 was 23.94±7.51 and 8.14±4.65 respectively (p<0.0001). Similar results were observed in patients without CVD without GAD (HAM-D score 26.67±8.79 at V_1 and 7.44±4.40 at V_3). Mean HAM-A score in patients with CVD and GAD at V_1 and V_3 was 25.64±6.38 and 8.98±3.93, respectively (p<0.0001). Same magnitude reduction in HAM-A score was observed in patients without CVD and GAD, 26.27±8.16 at V_1 and 9.28±6.48 at V_3 (p<0.0001). Patients' depression symptoms with/without CVD and GAD showed also a significant reduction between V_1 and V_3.
Conclusions: MDD patients with CVD without GAD, had a marginally lower baseline HAM-D score versus patients with GAD. After 6 months of treatment with citalopram, and/or quetiapine, and/or pregabalin the improvement of depressive and anxiety symptoms was almost equal between MDD patients with/without GAD regardless of the presence of coexisting CVD.

Disclosure: Employee of ELPEN Pharmaceutical Co. Inc.
Keywords: Depression; Anxiety; comorbidities; cardiovascular

O050

Screening for hepatitis C in psychiatric population

F. Icole[1]*, J.-P. Bronowicki[2], C. Jeannoel[3], P. Besancon[3] and F. Boulanger[4]

[1]Pôle De La Déodatie, CHS Ravenel, Mirecourt, France; [2]Gastro-entérologie, CHRU Nancy, Vandoeuvre-lès-nancy, France; [3]Pôle Médico-technique, CHS Ravenel, Mirecourt, France and [4]Pôle Api, CHS Ravenel, Mirecourt, France

*Corresponding author.
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