

**Introduction:** Depressive disorders among healthcare workers (HCWs) exhibit a range of clinical manifestations, from mild to severe forms, leading to significant consequences such as hospitalization, extended sick leave, and suicide attempts. Understanding these clinical features is essential for the implementation of effective mental health interventions and support services.

**Objectives:** This study aims to analyze the clinical features of depressive disorders among HCWs, and to assess the relationships between these factors.

**Methods:** A retrospective descriptive study was conducted over an 11-year period on HCWs in Sousse, Tunisia, who took long-term sick leave for depressive disorders. Data were collected from medical records, and completed with a telephone questionnaire.

**Results:** Out of 650 cases examined, 48% were classified as having severe depression, while 50% experienced moderate depression, and 2% had mild forms. Anxiety was the predominant clinical feature, occurring in 71.4% of cases and showing a significant correlation with depression severity ( $p = 0.001$ ). Melancholic features were identified in 33% of the cohort and were also significantly linked to severe depression ( $p = 0.005$ ). Hospitalization due to depression was necessary for 11.2% of cases, with 4.2% requiring multiple hospitalizations; notably, all hospitalized patients exhibited severe depression ( $p = 0.001$ ). Additionally, 1.2% of the study population reported a history of suicide attempts, all of whom presented severe depression, although this finding did not attain statistical significance.

**Conclusions:** This study highlights the importance of understanding the clinical specifications of depressive disorders in HCWs, as severe forms are often associated with hospitalizations and a higher risk of suicide attempts. The results emphasize the need for early intervention and targeted support strategies to address these severe outcomes.

**Disclosure of Interest:** None Declared

## EPV0612

### Limited Changes in Red Blood Cell Parameters after Probiotic Supplementation in Depressive Individuals: Insights from a Secondary Analysis of the Pro-Demet RCT

O. Gawlik-Kotelnicka<sup>1\*</sup>, A. Gajewska<sup>2</sup>, A. Wysokiński<sup>3</sup>, A. Skowrońska<sup>1</sup> and D. Strzelecki<sup>1</sup>

<sup>1</sup>Department of Affective and Psychotic Disorders; <sup>2</sup>Faculty of Medicine and <sup>3</sup>Department of Old Age Psychiatry and Psychotic Disorders, Medical University of Lodz, Lodz, Poland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1323

**Introduction:** There is an ongoing need to explore new treatment options not just for depression, but also for its associated conditions. Depression often coexists with hematologic health issues, especially anemia, and both can be influenced by factors such as inflammation and imbalances in gut microbiota. Therefore, investigating interventions that target microbiota holds promise for developing safe and effective adjunctive therapies for both depression and its related disorders.

**Objectives:** The main objective of this secondary analysis was to evaluate the impact of probiotic supplementation on parameters related to red blood cells in individuals suffering from depressive

disorders. The secondary goal was to evaluate several potential pretreatment determinants of probiotic activity on RBC, such as dietary habits, inflammatory or metabolic condition, severity and dimensions of psychiatric symptoms, and taken medications. The third goal was to evaluate probiotics' effects on RBC parameters in addition to their effectiveness in treating depression.

**Methods:** The parent study was a two-arm, 60-day, prospective, randomized, double-blind, controlled study involving eighty-nine participants. The probiotic formulation used in the trial included *Lactobacillus helveticus* Rosell®-52 and *Bifidobacterium longum* Rosell®-175. The current analysis assessed changes in red blood cells-related markers following the intervention using the  $X^2$  test. Linear regression and two-way ANOVA analyses were performed to assess the effects of all major clinical variables on the changes (post- minus pre- intervention values) of RBC parameters.

**Results:** Probiotic intake did not significantly alter the levels of red blood cell parameters, including red blood cell count, hematocrit, hemoglobin, mean corpuscular volume, mean corpuscular hemoglobin concentration, and red cell distribution width, in comparison to placebo.

None of the linear regression, nor ANOVA models were statistically significant.

In the PLC group, increases in RBC counts and HCT levels were associated with a deterioration in self-assessed depressive and anxiety symptoms. Furthermore, this group also exhibited a positive correlation between MCH and MCHC changes and the differences in MADRS score.

**Conclusions:** Despite the potential benefits of probiotics in treating anemia, our study found limited evidence of significant changes in red blood cell parameters following probiotic supplementation. However, the precise details regarding the clinical sample characteristics, intervention duration, dosage, and specific probiotic strain used are not fully elucidated.

But, probiotic supplementation appeared to may help prevent some alterations in RBC and HCT levels, as well as in MCH and MCHC in depressed individuals.

ClinicalTrials.gov identifier: NCT04756544.

**Disclosure of Interest:** None Declared

## EPV0613

### Efficacy of Collimated Light Therapy for Seasonal Affective Disorder: study protocol

M. Giordano<sup>1\*</sup>, G. Longo<sup>1</sup>, L. Orsolini<sup>1</sup> and U. Volpe<sup>1</sup>

<sup>1</sup>Unit of Clinical Psychiatry, Department of Clinical Neurosciences/ DIMSC, Polytechnic University of Marche, Ancona, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1324

**Introduction:** Light therapy is a treatment that involves daily exposure to bright light. It is most commonly used to treat seasonal affective disorder (SAD). The standard light therapy regimen for SAD typically involves sitting in front of a light box that emits 10,000 lux of light at a distance of 20 cm from the eyes for 30 minutes per day, preferably in the morning. Sandkühler et al. suggested that increasing the illuminance in light therapy, using a Bright, whole-ROom, All-Day (BROAD) approach, may enhance its effectiveness. Both the standard light therapy regimen and BROAD light therapy involve radiant light sources, which emit light that disperses quickly and produces shadows that vary in size