symptoms, those with the strongest outstrength were worthlessness, hopelessness, low happiness, dropping activities/interests, and low satisfaction with life (all p<.01).
Conclusions: We found a strong temporal link between depressive symptoms and subsequent cognitive decline in a population of the oldest old. This highlights the importance of a holistic approach that considers both mental and cognitive well-being in the aging population. As depressive symptoms were an early indicator of cognitive decline, it is of importance that healthcare professionals recognize and address depressive symptoms early to allow for appropriate interventions and support, to potentially mitigate the impact on cognitive decline.

Disclosure of Interest: None Declared

Oncology and Psychiatry

O0062

Prevalence of depressive disorders in breast cancer patients

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Introduction: Breast cancer is the most common type of cancer and the leading cause of death from malignant neoplasms in women in Russia and in most countries in the world (Lima *et al*. EClinicalMedicine 2021; 38 100985). According to an analysis of the incidence and mortality from 36 cancers in 185 countries (Sung *et al*. CA Cancer J Clin 2021. 3 209-249) in 2020, 2261419 new cases of breast cancer were identified in the world in both sexes, which is accounted for 11.7% of the total cancer incidence. Mortality from breast cancer in 2020 amounted to 684996 cases. Patients with comorbid depression and anxiety disorders experience more severe symptoms, have longer recovery time, use more healthcare resources and have poorer outcome compare to those with cancer alone (Katon *et al.* Gen Hosp Psychiatry 2007; 2 147-155).
Objectives: Analytical review of data on the impact of depressive spectrum disorders as comorbid conditions on the survival of breast cancer patients and their quality of life.
Methods: The following databases were searched for publications: PubMed, Embase, CINAHL, PsycINFO, Scopus, Science Citation Index/Social Sciences Citation Index, Cochrane Evidence Based Medicine database. The searches were limited to English language and studies with more than 100 subjects with diagnosed breast cancer where this information was mentioned. The analyzed period is between 1977 and 2018.
Results: The reported prevalence of depression in breast cancer patients, according to researches, varies 4,5 to 38%. In patients with I-III stage breast cancer depression increased hazards of all-cause mortality by 50% compared to non-depressed patients. Stage-specific analyses demonstrated a 2–2.5 fold increase in breast cancer-specific and all-cause mortality in patients with stage I and II disease (Vodermaier *et al*. Breast Cancer Res Treat 2014; 2 373-384.). Women with non-metastatic breast cancer who report mild to moderate depressive symptoms in the weeks after surgery have approximately 2.5 times greater risk of death 8–15 years later than women who report little or no depressive symptoms post-surgery (Antoni *et al*. Gen Hosp Psychiatry 2017; 44 16-21). Depression in advanced cancer not only reduces quality of life but is also an independent predictor of poorer survival (Lloyd-Williams *et al.* J Affect Disord 2009; 113 127-132.).
Conclusions: Depression and anxiety both have adverse effects on recurrence and all-cause mortality in patients with breast cancer. Untreated depression leads to significant increase in incidence and mortality. Depression can debut at any stage of cancer, including the stage of diagnosis. It proves the necessity for affective disorders screening in patients with cancer on the stage of diagnosis. Patients with diagnosed affective disorders should be observed not only by oncologist, but also by a psychotherapist in order to receive the necessary treatment to improve the quality of life and reduce the risk of mortality.

Disclosure of Interest: None Declared

Pain

O0063

Combined effects of psychological and life style factors on pain intensity and/or disability in patients with chronic low back pain: A cross-sectional study

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Introduction: Chronic Lower Back Pain (CLBP) is a frequently encountered health issue in primary care settings, leading to global disability and imposing a considerable economic burden.
Objectives: This study aimed to: (1) compare socio-demographic, health, lifestyle (sleep, physical activity) and psychological factors (depression, anxiety) between people with and without CLBP; and (2) quantify the correlations between these psychological and life-style factors, and clinical outcomes (intensity of CLBP and CLBP-related disability) in people with CLBP after considering other confounders.
Methods: A cross-sectional study was undertaken at the neurosurgery and orthopedic outpatient department of Heraklion University Hospital between 2019-2021. Two hundred fifty three volunteers with CLBP and 116 without CLBP provided socio-demographic information, daily habits, medical history, subjective sleep/ sleep complaints, low back pain intensity and disability using a10-point numeric Visual Analogue Scale pain rating scale and Quebec Back Pain Disability Scale, as well as questions assessing impact of pain on mobility, self-care, routine activities and psychological status, respectively. Participants also completed the Zung Self-Rating Scale (SDS) for self-assessment of depression and

Self-rating anxiety scale (SAS). Associations among CLBP, demographics, psychosocial or sleep disorders parameters and clinical outcomes were analyzed using multivariate models.
Results: People with CLBP exhibited a substantially greater prevalence of depressive, insomnia and obstructive sleep apnea (OSA) symptoms than controls ($p < 0.05$). CLBP diagnosis was independently correlated with female gender, older age, as well as worse physical and mental health outcomes measured by (i) higher level of sleep symptoms such as sleepiness, OSA and insomnia symptoms and (ii) higher prevalence of physician-diagnosed depression, and moderate to severe depressive symptoms. The level of functional disability for CBLP patients (based on Quebec score) was independently associated with age, physician diagnosed depression, lower educational status, moderate to severe depressive symptoms and OSA symptoms. The combination of moderate to severe depressive symptoms with OSA or insomnia symptoms was the most important predictive factor for functional disability for CBLP patients (OR 13.686, 95% CI 4.581-40.885; p<0.001).
Conclusions: Depressive symptoms and subjective sleep disorders appear to relate to greater CLBP-intensity and/or CLBP-related disability in people with CLBP. To achieve the desired outcomes when treating patients with chronic CLBP, it is essential to employ a holistic approach, involving assessment and management of their psychological comorbidities, and sleep issues, that may improve quality of life in these patients.

Disclosure of Interest: None Declared

Genetics and Molecular Neurobiology

O0064

Gene expression of protein synthesis, immunity and brain pathways specifically altered in Anorexia Nervosa

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Introduction: Anorexia nervosa (AN) is a severe and chronic psychiatric disorder, resulting from a voluntary food restriction, vomiting, use of laxatives and excessive exercises, leading in dramatic weight loss and high mortality. AN is a multifactorial disease involving genetic and epigenetic factors supporting that AN is a metabo-psychiatric disorder. The molecular mechanisms involved in the etiology of AN remain unclear. One work reported gene expression by RNA sequencing in peripheral blood before and after weight restoration in 6 AN patients (Kim 2013), and one RNA sequencing in human iiPSC-derived neurons from 4 patients and 4 controls (Negraes 2017). To date, the profile of expression of genes and proteins in AN is undetermined.
Objectives: In this study, our goal is to identify specific gene expression signatures from circulating blood nuclear cells to decipher the pathophysiology of AN and characterize biomarkers that can be used for diagnostic or prognostic of AN.
Methods: All consented participants are recruited at Sainte-Anne Hospital, Paris, France, using DSM5 criteria. They had a blood draw in Paxgene tube for the collection of RNAs. Total RNA was extracted from peripheral blood mononuclear cells of 15 patients suffering of AN and 15 healthy controls. All messenger RNAs are sequenced on a Novaseq plateform. Reads are aligned to the human genome 19 and statistical analyses on the read counts for differentially expressed genes are computed with DESeq2.
Results: The total RNA sequencing allows us to identify 673 dysregulates genes (p adjusted value <0.01, fold change >1,5). Among them, 248 are down-regulated and 425 are up-regulated genes in AN patients compared to controls. From them, 151 transcripts are annotated as pseudogene and 45 are referenced as antisense RNA. Of the 522 remaining transcripts, 424 correspond to a transcript or protein annotated by HGNC and ENSEMBL and 93 are known pseudogenes. A large number of proteins resulting from the expression of deregulated genes interact with each other and form a statistically enriched network impacting biological processes. They are mainly increased and acting in the cellular machinery allowing protein synthesis (biological process: transcription, ribosome, spliceosome and mitochondria). In contrast, down-regulated genes present an enrichment in genes involved in immunity pathways. Finally, several genes are also expressed in the brain. We observed a significant enrichment of genes expressed in the blood and brain tissues.
Conclusions: We identify specific profiles of gene expression in AN. Several genes are both blood and brain tissue expression. Some genes are good candidates for biomarker of the diagnostic in AN that need to be investigated in a longitudinal study to evaluate their useful as prognostic biomarker of AN.
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O0065

Crosstalk between Anxiety and Depression and Inflammatory bowel diseases: preliminary data on circulating miRNAs

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Introduction: Numerous studies have established a heightened prevalence of anxiety and depression (A&D) in individuals diagnosed with Inflammatory Bowel Diseases (IBD) when compared to the general population. Research indicates that patients with active IBD exhibit a higher frequency of anxiety symptoms and depression symptoms compared to those with inactive disease. In patients with IBD, anxiety was linked to reduced medication adherence and an increased likelihood of undergoing surgery. Furthermore, associations were identified between depression and an elevated risk of disease relapse, as well as a poorer response to treatment in IBD