

Introduction: MIJ821 is a novel N-methyl-D-aspartate (NMDA) receptor antagonist, with a potentially low rate of the psychotomimetic side effects that limit the therapeutic utility of ketamine in treatment-refractory depression (TRD).

Objectives: To assess efficacy and safety of MIJ821.

Methods: Adults with TRD (>2 prior treatment failures; Montgomery-Asberg Depression Rating Scale [MADRS], >24) were eligible and were randomized (n=70) to low versus high doses of MIJ821, with two dosing regimens of weekly or biweekly, versus ketamine versus placebo. The primary outcome was change in MADRS total score at 24 hours and final follow up was at 6 weeks.

Results: At 24 hours, adjusted mean differences (Δ AM) versus placebo were -8.25 ($p=0.001$), -5.71 ($p=0.019$) and -5.67 ($p=0.046$) and at 48 h were -7.06 ($p=0.013$), -7.37 ($p=0.013$), -11.02 ($p=0.019$) in the pooled MIJ821 low dose, high dose, and ketamine groups, respectively. At 6 weeks, Δ AM (80% CI) versus placebo on MADRS were -6.46 ($-11.8, -1.15$); $p=0.059$ for low dose MIJ821, -5.42 ($-10.8, -0.02$); $p=0.099$ for high dose MIJ821, and -5.24 ($-10.4, -0.06$); $p=0.097$ for ketamine. Further details on dosing, efficacy, and safety outcomes will be provided.

Conclusions: In this proof-of-concept study, MIJ821 was effective and tolerable in TRD. This study was funded by Novartis. Clinical trial.gov: NCT03756129

Conflict of interest: Employee of Novartis.

Keywords: MIJ821; depression; efficacy; safety

EPP0543

Evaluation of plasma levels of BDNF in patients with disorder depressive

D. Galletta*, C. Mazzarino, G. Cusumano and A. Santoro

Department Of Head-neck Care Unit Of Psychiatry And Psychology "federico Ii" University Hospital Naples, "Federico II" University Hospital Naples, Italy, Naples, Italy

*Corresponding author.

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Introduction: According to the World Health Organization (WHO, 2017) depressive disorder continues to be the most widespread and growing mental illness in the world, also assumes that in 2020 depression will have a prevalence equal to one in six individuals. Studies of neuroanatomy have highlighted structural alterations in the hippocampus, striatal nuclei and prefrontal cortex in patients with mood disorders. This alteration in depressed patients is closely related to the secretion of neurotrophic factors, in particular there is a reduction in BDNF (Brain Derived Neurotrophic Factor).

Objectives: The objective of this study is to demonstrate which treatments are effective in reducing depressive symptoms that allow the increase of BDNF and consequently the structural homostaticity of the brain.

Methods: We have selected data from the literature of the last decade, collected on major search engines such as: Google Scholar, Research Gate, PubMed, Ebsco. Articles collected by selecting the following Keyword: depression, BDNF (Brain Derived Neurotrophic Factor), neuroimaging cognitive behavior therapy.

Results: The results show that in patients treated with a single drug treatment or vagus nerve stimulation, repetitive transcranial magnetic stimulation (Lang et al., 2008) or electroconvulsive therapy had improvements in BDNF levels, although compared to drug treatment there are problems of no responders, no compliance and lack of

effectiveness in reducing vulnerability to relapse. In addition, the study has shown that patients treated with cognitive behavioral therapy have reported greater changes in the frontal and temporal cortex reducing both depressive symptoms and the risk of relapse.

Conclusions: Underlines the importance of an integrated approach

Keywords: Depressive Disorder; plasma level; BDNF

EPP0544

Prevalence of psychoemotional disorders in patients with pathological kinking of the internal carotid arteries

E. Malenkova* and O. Zagorulko

Pain Clinic, Russian Scientific Centre of Surgery named after B.V. Petrovsky, Moscow, Russian Federation

*Corresponding author.

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Introduction: Pathological kinking of the internal carotid arteries (PK ICA) is a controversial issue of angioneurology. Patients with PK ICA often present a variety of complaints, such as headache, dizziness, decreased concentration, memory impairment, and general weakness [1].

Objectives: To study the prevalence of anxiety and depression in patients with PK ICA.

Methods: We studied 132 patients who had PK ICA (main group) and 86 patients without brachiocephalic artery pathology (control group). Hospital Anxiety and Depression Scale (HADS) was used to evaluate anxiety and depression, considering depression or anxiety if the score was ≥ 10 . Statistical analysis was performed with SPSS software, p -value < 0.05 was considered statistically significant.

Results: The mean age of the patients in the main group was 38.4 ± 5.2 years, in patients of the control group 41.2 ± 4.8 years, respectively. Anxiety disorders were detected significantly more frequently in the main group of patients than in the control group (35.7% and 10.2%, $p=0.017$ respectively). The frequency of depressive disorders was comparable in both groups – 13.6% and 14.3%, $p=0.061$, respectively. The level of anxiety was also significantly higher in the group of patients with PK compared to the control group (14.2 ± 4.3 and 9.7 ± 3.1 points, $p=0.019$). patients with PK ICA with anxiety are more likely suffered from depression (10.2% and 5.8%, $p < 0.001$).

Conclusions: Anxiety disorders were present in one-third of patients with PK ICA, while depressive disorders were not typical for this group. In patients with PK ICA, in addition to collecting complaints, anamnesis, and evaluating the neurological status, it is advisable to conduct neuropsychological testing. References: 1. Medvedeva LA, Zagorulko OI. Korsakov Journal 2019

Keywords: Anxiety; Depression

EPP0546

Pessimistic attributional style for positive life events as a predictor of low mental health in russian sample

T. Gordeeva^{1*} and O. Sychev²

¹Psychology, Lomonosov Moscow State University, Moscow, Russian Federation and ²Psychology, National Research University Higher

School of Economics and Department of Psychology Moscow State University, Moscow, Russian Federation

*Corresponding author.

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Introduction: Attributional style (AS) indicates cognitive dispositions for explaining positive and negative events. People with pessimistic AS explain failure with stable and global causes. Previous studies and meta-analyses (Hu et al., 2015; Peterson et al., 1985; Zhang et al., 2014) showed that pessimistic AS for failures is a reliable predictor of depression and ill-being, but the possible mediators of such relations are understudied.

Objectives: Our main objective was to analyse relations of pessimistic AS for success and failure with mental health. We hypothesized that pessimistic AS would be a predictor of low mental health mediated by self-esteem, dispositional optimism, and gratitude.

Methods: A cross-sectional study was conducted on a sample of 261 adults (MA=32.09, SD=12.53, 13% male) using a 24-item attributional style questionnaire (SFASQ, Gordeeva et al., 2009), mental well-being scale (Tennant et al., 2007), self-esteem scale (Rosenberg, 1965), gratitude questionnaire (McCullough et al., 2002), and LOT (Scheier, Carver, 1985).

Results: A path model of effects of pessimistic AS in positive and negative situations on mental ill-being was developed. The model with three mediators fits the data very well: CFI=0.990; RMSEA=0.048. The pessimistic attributional style for positive events was a significant predictor of mental ill-being mediated by self-esteem, dispositional optimism, and gratitude while the indirect effect of pessimistic AS for failures on mental ill-being (controlling for age) was not significant.

Conclusions: Only the pessimistic AS for successes but not for failures was a significant predictor of mental ill-being which underline the importance of stable and global attributions of positive life events for mental health.

Keywords: self-esteem; pessimistic attributional style; mental health

EPP0547

Reduction of depressive symptoms among patients with inflammatory bowel disease treated with biological therapy: A cross sectional study

J. Zinkeviciute^{1*}, R. Strumila¹, E. Dlugauskas², S. Brasiskiene², A. Kiziela² and S. Ambrasas¹

¹Medicine Faculty, Vilnius University, Vilnius, Lithuania and ²Institute Of Clinical Medicine, Clinic Of Psychiatry, Vilnius University, Vilnius, Lithuania

*Corresponding author.

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Introduction: Previous studies suggest that one of the possible depression pathophysiological pathways is autoimmune inflammation increasing inflammatory mediators' levels and thus affecting mood.

Objectives: To compare depression and anxiety symptoms among inflammatory bowel disease patients receiving TNF- α inhibitors and those receiving treatment as usual (TAU).

Methods: Instruments: Ulcerative colitis activity index, Crohn's disease activity index, the subscale of neurovegetative symptoms of the Beck depression inventory, Hospital anxiety and depression

scale. Active ulcerative colitis or Chron's disease patients not using antidepressants were included in the study and divided into an experimental group (receiving TNF- α inhibitors) and control group (receiving TAU).

Results: 46 patients' data were analyzed. Between the experimental group and the control group, the disease activity index was not significantly different (Chron's disease 3.54 ± 4.20 ; ulcerative colitis 5.70 ± 5.00 ; $p > 0.05$) as well as the mean scores of the neurovegetative depression symptoms subscale of the Beck depression inventory (2.52 experimental ± 3.91 control; $p > 0.05$). The mean score of the hospital anxiety and depression scale were significantly different between both groups (5.22 ± 8.13 ; $p < 0.05$). The mean anxiety subscale scores' $p=0.06$, which shows trend for significance. The mean depressive subscale score was significantly different in the control group (1.43 ± 2.65 ; $p < 0.05$).

Conclusions: Patients treated with biological therapy experienced fewer depression symptoms than patients showing similar disease activity, but receiving TAU.

Keywords: tumor necrosis factor alfa inhibitors; autoimmune depression; inflammatory bowel disease.

EPP0548

Major depression revealing primary hyperparathyroidism: A case report

R. Ouali^{1*}, M. Turki², S. Ellouze¹, T. Babah¹, R. Charf¹, N. Halouani¹ and J. Aloulou³

¹Psychiatry B Chu Hedi Chaker, Tunisia, psychiatry B, sfax, Tunisia;

²Psychiatry (b), Hedi Chaker University hospital, sfax, Tunisia and

³Psychiatry (b), Psychiatry (B), Hedi Chaker University hospital, sfax, Tunisia

*Corresponding author.

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Introduction: Psychiatric symptoms associated with Primary hyperparathyroidism (PHPT) involved several presentations; the most characteristic is depression. However, PHPT remains often overlooked by physicians when making differential diagnosis for patients with psychiatric disorders, particularly in the elderly.

Objectives: We proposed to describe the clinical and therapeutic characteristics of major depression secondary to PHPT.

Methods: We report a case of PHPT revealed by depression. Then, we conducted a literature review using "PubMed" database and keywords "primary Hyperparathyroidism", "depression".

Results: A 73-year-old man presented with a 3-month history of depressed mood, loss of interest, clinophilia, poor concentration, and weight loss. These symptoms were associated with epigastralgia and constipation not responding to symptomatic treatment. The etiological assessment was normal. The diagnosis of major depression was established, and the patient was treated with Sertraline (25 mg/day). After one month of treatment, somatic and psychiatric symptoms worsened. Physical examination revealed a deteriorated general condition, dehydration, and cardiac arrhythmia. Blood analysis revealed renal failure, hypercalcemia (4.2mmol/L), hypophosphatemia (0.4mmol/L), and increased parathyroid hormone level (180 pg/ml). The patient was hospitalized in intensive care unit. Cervical echography showed 2 hyperparathyroid adenomas, and diagnosis of PHPT was established. Under symptomatic treatment, the patient's somatic and psychiatric condition improved. An hyperparathyroidectomy is undergone soon.

Conclusions: This case highlighted the importance of considering a primary psychiatric disorder as a diagnosis of exclusion, especially