Sherbrooke, Canada studying the effects of pregnant women's mental health.
Objectives: We examine which mental health tools will better gauge depression and anxiety during pregnancy based on predicting postpartum outcomes. Our hypothesis is that an approach combining a clinical interview with self-report questionnaires may predict mental health in postpartum women.
Methods: Participants' mental health is evaluated by the SCID-5-RV, a lifetime interview administered at 30 weeks and monthly questionnaires including PHQ-9 and GAD-7. Participants are in the depression/anxiety group if they either pass all the criteria in the SCID during pregnancy or have an average PHQ-9 or GAD-7 score greater than 7. The Edinburgh Postnatal Depression Scale (EPDS) and the Perceived Stress Scale (PSS) are the outcome variables.
Results: PHQ-9 was correlated with EPDS, $r(220)= .38$, $p< .01$, and GAD-7 was correlated with PSS, $r(213)= .56$, $p< .01$. SCID results only had a significant effect on PSS, $F(3,220)= 3.77$, $p= .01$ and not with EPDS, $F(3,219)= 1.08$, $p= .36$. When the self-report measures and interview were combined significant effects were seen for both the EPDS, $F(1,222)= 18.71$, $p< .01$ and the PSS, $F(1,223)= 34.94$, $p<.01$.
Conclusions: Preliminary results show significant associations between measures administered during pregnancy and postpartum measures. Prediction models based on classification will be analyzed once more data is collected.

Disclosure: No significant relationships.
Keywords: Depression; Psychometric measures; Anxiety; Postpartum

EPP0433

Educational Attainment Inequalities in Depressive Symptoms in More Than 100 000 Individuals in Europe

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Introduction: Increasing educational attainment (EA) could decrease the occurrence of depression. We investigated the relationship between EA and depressive symptoms in older individuals across four European regions.
Objectives: 1) examine association between EA and depressive symptoms 2) determine, if there is an upper limit to this association 3) explore regional and demographic differences within this relationship across Europe
Methods: We studied 108 315 Europeans (54 % women, median age 63 years old) in Europe assessing EA and depressive symptoms. Logistic regression estimated the association between EA and depressive symptoms, adjusting for sociodemographic and health-related factors; testing for sex/age/region and education interactions.
Results: Higher EA was associated with lower odds of depressive symptoms, independent of sociodemographic and health-related factors. A threshold of the lowest odds of depressive symptoms was detected at the first stage of tertiary education (OR 0.60; 95% CI 0.55-0.65; p<0.001; relative to no education). Central and Eastern Europe showed the strongest association (OR for high vs. low education 0.37; 95% CI 0.33-0.40; p<0.001) and Scandinavia the weakest (OR for high vs. low education 0.69; 95% CI 0.60-0.80; p<0.001). The association was strongest amongst younger individuals. There was a sex and education interaction only within Central and Eastern Europe.
Conclusions: Level of EA is reflected in later-life depressive symptoms, suggesting that supporting individuals in achieving EA, and considering those with lower EA at increased risk for depression, could lead to decreased burden of depression across the life-course. Further educational support in Central and Eastern Europe may decrease the higher burden of depressive symptoms in women.

Disclosure: No significant relationships.
Keywords: education; Depression; Epidemiology; Europe

EPP0434

Clinical validation of the self-rated 6-item Hamilton Depression Rating Scale among inpatients

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Introduction: Measurement-based care (i.e., the systematic use of rating scales to guide clinical decision-making) has shown great promise in the treatment of major depression in clinical trials. Unfortunately, measurement-based care has not yet gained ground in clinical practice, possibly because clinician-rated scales are time-consuming and limited by the availability of trained raters. Hence, brief and valid self-rated scales (questionnaires) may serve as an alternative or supplement to clinician-rated scales. The self-rated 6-item Hamilton Depression Rating Scale (HAM-D6-SR) has shown some promise in this regard, but its validity among inpatients remains unclear.
Objectives: The objective of this study is to evaluate the criterion validity and responsiveness (sensitivity to change) of the HAM-D6-SR among inpatients using the clinician-rated 17-item Hamilton Rating Scale for Depression (HAM-D17) as gold standard reference.
Methods: Inpatients with depression will complete the HAM-D6-SR twice during admission (at least one week between the two self-ratings). At both occasions, the patients will subsequently be rated on the HAM-D17 by trained raters, who are blind to the HAM-D6-SR ratings. The agreement between the HAM-D6-SR and the HAM-D6 extracted from the HAM-D17 will be evaluated using intra-class correlation.
Results: A total of 100 inpatients will be recruited for the study. Data collection is ongoing, and the results of the study will be presented at the 2022 EPA meeting.
Conclusions: If the agreement between the HAM-D6-SR and the HAM-D6 extracted from the HAM-D17 is satisfactory, the HAM-D6-SR could inform decision-making in the treatment of depression.

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Keywords: Psychiatric Status Rating Scales; Psychometrics; Depression; Surveys and Questionnaires

EPP0435

Treatment of the depressive patients at clinical high-risk for psychosis

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Introduction: At present, there is no universally approach to treating patients at clinical high-risk for psychosis (CHR) without comorbid mental disorders. However, if there are revealed depressive symptoms, proper treatment becomes necessary.
Objectives: Establish pharmacological classes and doses of drugs that have proved effective in treating depressive patients at CHR.
Methods: A comparative study of pharmacological classes and doses of drugs was carried out, showing the effectiveness in treatment of 219 depressive patients at CHR and 52 depressive patients without CHR. The treatment effectiveness was carried out on the reduction of depression symptoms on the HDRS scale, and the CHR symptoms on the SOPS scale.
Results: A significant reduction of depression symptoms was achieved in the group of depressive patients with and without CHR on the HDRS scale (67.9% and 76.6% respectively). The reductions of the CHR symptoms were 46.1% and 53.3% respectively. There were differences between the severity of depression symptoms and CHR symptoms before and after the treatment. Both groups used antidepressants followed by the prescription of antipsychotics to increase the effectiveness of the therapy. No difference was found in the doses of antidepressants for the fluoxetine equivalent (46.0 vs 42.6 mg per day, p 0.05) and some differences were found for the average effective doses of antipsychotics for the chlorpromazine equivalent (385.4 vs 230.8 mg per day, p 0.05).
Conclusions: The same pharmacological classes are used for the treatment of young depressive patients with and without CHR, but the former have significantly higher doses of antipsychotics.

Disclosure: No significant relationships.
Keywords: early intervention; antidepressant; Clinical high-risk; antipsychotic

EPP0436

Psychological aspects of body perception in depression with non-suicidal self-injury

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Introduction: Emotional regulation appears to be a key factor in self-injury. But body image also may play an important role in self-harming.
Objectives: Analysis of the relationship between non-suicidal self-injurious behavior and various aspects of body representation and body perception in adolescents and young women suffering from depression.
Methods: The study involved 85 women with endogenous depression. The answer to the question "Sometimes I purposely injure myself" was used as an indicator of self-harm. The methods include: SCL-90-R, Body Investment Scale (BIS), Physical Appearance Comparison Scale-Revised (PACS-R), Body Satisfaction Scale (BSS), Cambridge Depersonalization Scale (CDS).
Results: The relationship between self-injurious behavior and emotional, cognitive and behavioral characteristics of the self-body perception was revealed: more negative body image - dissatisfaction with its parts and the whole body (correlation with BSS_head ,238*, BSS_body ,472**, BSS_total_score ,453**), which is accompanied by behavioral manifestations - reduced "Protection" (correlation with BIS -,281**), higher rates of self-surveillance and comparisons of the self-body with others (PACS-R ,323**), depersonalization (CDS ,301**), body dissociation (CDS ABE ,346**), somatization (SCL-90-R ,226*).
Conclusions: For young women with depression, it has been shown that when self-harming, the self-body is "devalued", perceived as "bad," and the need to protect it is ignored. The severity of self-harm directly correlates with the phenomena of somatopsychic depersonalization. The results obtained may indicate that rejection of the self-body, "alienated" attitude and deprivation of the body of "subjectivity" can contribute to its use as a tool for solving psychological problems, which is a risk factor for the development, consolidation and aggravation of self-injurious behavior.

Disclosure: No significant relationships.
Keywords: body perception; depersonalization; Depression; self-harm

EPP0437

ESKALE study, a French real-world study of esketamine nasal spray for patients with treatment-resistant depression

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Introduction: Esketamine nasal spray has been developed to treat adults with treatment resistant depression. On Dec.2019, EMA granted a market access approval in this indication.
Objectives: ESKALE is a descriptive study of treatment resistant depression patients treated with esketamine in France.
Methods: Observational retrospective study. 157 patients are included in 3 cohorts depending on their treatment initiation date.