

Prevention of Mental Disorders

EPV1040

Can We Pick the Pocket of Post-Intensive Care Syndrome?

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Introduction: Post-intensive care syndrome, which includes symptoms of anxiety, depression, and posttraumatic stress, afflicts one-third of critical illness survivors. Symptoms persist and significantly degrade quality of life. No intervention has earned clear evidence of reducing these adverse psychological sequelae. Building on earlier pilot data, psychological support based on positive suggestions (PSBPS), is being investigated in an ongoing, randomized, controlled prospective trial across multiple intensive care unit (ICU) settings in a large, tertiary medical center.

Objectives: Recognizing that even sedated patients perceive and internalize communication, we share lessons learned thus far in the art of engaging with sedated, often unresponsive patients.

Methods: Our presentation describes this NIH-funded PSBPS study, including the preparatory training and subsequent implementation of a structured script delivered daily to ICU patients, regardless of cognitive status or ability to respond. To interfere with the initial process of fear conditioning/negative memory formation, we introduce mitigating information about potentially traumatic events during the temporal window when initial memory consolidation occurs, reframing the alien, often frightening ICU environment while providing positive suggestions of safety and healing.

Results: Psychiatrists characteristically engage alert, communicative patients. Unfortunately, when meaningful cognitive exchange is impossible, further effort is often limited. By contrast, choosing to engage ventilated, sedated patients with active re-interpretation is a novel enterprise. We share technique and lessons learned from the first two years.

Conclusions: Consultation psychiatrists are uniquely situated to explore with our critical care colleagues how best to mitigate the corrosive psychological consequences of intensive care and improve the future of ICU survivors.

Disclosure: No significant relationships.

Keywords: post-intensive care syndrome; posttraumatic stress; psychological support by positive suggestion; ICU care

EPV1039

Duration of therapy and treatment compliance of depressive patients at clinical high-risk for psychosis

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Introduction: It is known that early withdrawal can lead to a worsening of mental health. This is particularly relevant for depressive patients with clinical high-risk for psychosis (CHR) for whom the recommended duration of treatment has not been established.

Objectives: Analyze the actual treatment duration of depressive patients at CHR after their discharge from hospital and compare it with the group of depressive patients without CHR.

Methods: A comparative study of 124 depressive patients with CHR and 27 depressive patients without CHR was conducted within a year after discharge from hospital to assess the therapy duration and treatment compliance.

Results: Within a year after discharge only 12.1% depressive patients with CHR and 29.6% ones without CHR continued to receive the therapy. The average duration of treatment after discharge was 7.4 months in the first group and 11.7 months in the second group. The majority of patients stopped treatment for the following reasons (in descending order of importance): lack of awareness of their mental condition (51.9% vs 40.3%), side effects (38.7% vs 11.1%), and negative attitudes towards the treatment on the part of patients' immediate family members (8.9% vs 7.4%).

Conclusions: It has been found out that depressive patients with CHR are less likely to follow medical prescriptions than ones without CHR, they are more likely to have the lack of awareness of their mental condition, they are more likely to have side effects of the therapy. These findings require the development of a universal approach to the treatment of such patients after discharge from hospital.

Disclosure: No significant relationships.

Keywords: Clinical high-risk; lack of awareness; compliance; duration of treatment

EPV1040

Does my lifestyle explain my depression? The role of exercise, diet and smoking in the prevention of depression

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Introduction: Depression as a public health concern highlights the importance of prevention. The nature of the disease is complex, linked to numerous biopsychosocial factors. However, it was found that healthiest lifestyle reduced 67% the risk of depressive symptoms. **Objectives:** To review evidence on how exercise, diet, and smoking impact on the risk of depression.

Methods: Non-systematic review of literature through search on PubMed/MEDLINE following the terms "Lifestyles", "risk" and "depression".

Results: Several studies have shown that exercise reduces the incidence of depressive symptoms and major depressive disorder regardless of intensity, geographic region, age, gender, or follow-up period. Smoking significantly increases the risk of depression, including the ones exposed to second-hand smoking and pregnant women in which prenatal smoking was associated with a three-fold increased risk of postpartum depression. The Mediterranean diet rich in complex carbohydrates, omega-3 fatty acids, B-group vitamins and several amino acids have shown a negative association with the incidence of depression. A high frequency of breakfast consumption, an increased intake of fruits, vegetables, and some

specific nutrients (zinc, iron, magnesium, vitamins, and folate) was also inversely correlated with prevalence of depressive symptoms. On the other hand, western dietary patterns, with sweetened beverages, processed food, and foods rich in saturated fatty acids, have been linked to an increased risk. Skipping meals and snacking on unhealthy food also contributes to depressive symptoms.

Conclusions: Relatively modest changes in population diet, tobacco consumption and levels of exercise may have important public mental health benefits preventing a substantial number of new cases of depression.

Disclosure: No significant relationships.

Keywords: Depression; exercise; smoking; diet

EPV1041

Clinical high-risk criteria of psychosis in 8- to 17-year-old community subjects and inpatients not suspected to develop psychosis: not pluripotential or transdiagnostic.

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Introduction: Based on high rates of non-converters to psychosis, especially in children and adolescents, it was suggested that CHR criteria were (1) pluripotential, (2) a transdiagnostic risk factor, or (3) simply a severity marker of mental disorders rather than specifically psychosis-predictive. If any of these three alternative explanatory models were true, their prevalence should differ between persons with and without mental disorders, and their severity should be associated with functional impairment as a measure of severity.

Objectives: To compare the prevalence and severity of CHR criteria/symptoms in children and adolescents of the community and inpatients.

Methods: We compared CHR criteria/symptoms in 8-17-year-olds of the community and of inpatients not clinically suspected to develop psychosis.

Results: The 7.3%-prevalence rate of CHR criteria in community subjects did not differ significantly from the 9.5%-rate in inpatients. Frequency/severity of CHR criteria never differed between the community and the four inpatient groups, while the frequency and severity of CHR symptoms differed only minimally. Group differences were found in only four CHR symptoms: *suspiciousness/persecutory ideas* of the SIPS, and *thought pressure, derealization and visual perception disturbances* of the SPI-CY. These were consistent with a transdiagnostic risk factor or dimension, i.e., displayed higher frequency and severity in inpatients. Low functioning, however, was at most weakly related to the severity of CHR criteria/symptoms, with the highest, yet still weak correlation yielded for *suspiciousness/persecutory ideas*.

Conclusions: The lack of systematic differences between inpatients and community subjects does not support suggestions that CHR

criteria/symptoms are pluripotential or transdiagnostic syndromes, or merely markers of symptom severity

Disclosure: No significant relationships.

Keywords: pluripotential risk factor; transdiagnostic risk indicator; children and adolescents; clinical high risk

EPV1042

Correlation between psychotic risk and depressive “cognitive” symptoms in adolescence.

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Introduction: Prevention of disorders has become a central element of psychiatric research and clinic. Currently, Ultra High Risk (UHR) criteria are internationally recognized for psychiatric risk assessment. Self Disorders (SD) aroused particular interest because they were found to be specific to schizophrenic spectrum disorders and a marker of vulnerability for psychotic onset.

Objectives: To evaluate the correlation between psychotic risk and depressive symptoms in at-risk adolescent population.

Methods: We collected data from 80 patients, aged 14-18, with sufficient skills in the Italian language and an IQ ≥ 70 , excluding patients with disorders related to direct effects of a general medical condition or substance. Psychodiagnostic evaluation included K-SADS-PL, SIPS/SOPS, EASE (for the assessment of SDs) and the CDSS (for the assessment of Depression).

Results: 35 subjects have UHR criteria, while 45 do not have a psychotic risk syndrome or psychotic features. Between the two groups there is a significant difference in the total SCORE of EASE, in domains 1, 2 and 5. In addition, a positive correlation between SDs and depressive symptoms emerged, in particular with pathological guilt and with reference ideas of guilt.

Conclusions: The results confirm the validity of SDs for early detection of psychosis. Depressive features appear to be associated with the presence of abnormalities of experience. This results suggest a close care and monitoring of depressive symptoms in adolescence, because they can mask disorders of different nature, particularly pathological guilt and guilty ideas of reference that are depressive “cognitive” symptoms more correlate with psychotic risk.

Disclosure: No significant relationships.

Keywords: Self Disorders; Ultra High Risk; psychosis prevention; depressive symptoms

EPV1043

Reflexion as the Factor in Shaping Attitudes Towards Love and Sex at Adolescence

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