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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

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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 $\pm$4.20; ulcerative colitis 5.70 $\pm$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 $\pm$3.91 control; $p > 0.05$). The mean score of the hospital anxiety and depression scale were significantly different between both groups (5.22 $\pm$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 $\pm$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

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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

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in the elderly. PHPT is one of differential diagnoses for psychiatric symptoms, like depression, whose management is conditioned by that of the somatic disease.

Keywords: hyperparathyroidism; Depression

EPP0549

Alcohol use disorder as a warning sign for depressive disorders in acute psychiatric care? hospitalization demographics in arad (ROMANIA)

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Introduction: Screening for psychiatric disorders is the job of primary care providers. As such, general practice residents spend one month on psychiatry rotation. During which, they need to familiarize with the diagnostic and treatment of mental disorders. Since depressive disorders in early stages can be easily overlooked by the untrained eye, we set out to analyse the demographic particularities of our patients.
Objectives: The objective of our study was to analyze demographic characteristics of patients hospitalised on Acute Inpatient Psychiatry Ward with unipolar depression and to identify the specific warning signs, later to be used for an awareness campaign addressed to family medicine residents.
Methods: Data was collected from Acute Inpatient Psychiatry Ward of Arad County Emergency Clinical Hospital (Romania) between 1th January 2019 and 30th September 2020. We included every patient who was discharged with unipolar depression diagnosis according to ICD-10 criterias(F32-F33). Every patient was included only once. In cases of multiple hospitalisations, we included the most severe episode. If the severity of episodes was similar, the longest hospitalisation from the selected period. The data analysis accomplished in Microsoft Excel2010.
Results: A number of 344 patients were included in our analysis (175 male, 169 female). Their presumptive diagnosis upon hospitalisation: Depressive Episode(F32)-32.3%, Recurring Depression (F33)-32,3%, Alcohol Use Disorder(F10)-23,8%, Suicid Attempt (X61-80)-7,0%, Other Psychiatric Disorders(F06,F20-23), Other Substance Use Disorder(F19)-0,6%. From 82 patients with presumptive diagnosis of Alcohol Use Disorder and definitive diagnosis of Depressive Disorder, 90,2% were male.
Conclusions: In primary practice alcohol misuse can be objectively spotted. Awareness is needed to investigate a possibly underlying depressive disorder.

Keywords: alcohol use disorder; Depression; comorbidity; sex differences

EPP0550

Prescribing exercise as a treatment for depression

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Introduction: Depression is a heterogeneous syndrome linked to significant structural brain abnormalities, such as volumetric reductions in the hippocampus, anterior cingulate cortex and prefrontal cortex, as well as compromised white matter integrity. Recent growing evidence suggests that exercise is a promising and compelling treatment for depression in adults, showing effects that are comparable to other first-line treatments for depression.
Objectives: This review aims to improve our understanding of the biological pathways involved in both the pathophysiology of depression and the antidepressant effects of exercise.
Methods: This literature review considers the latest available scientific research addressing a comprehensive analysis of the antidepressant effect of physical exercise and the biological pathways involved.
Results: Physical activity has been shown to have a multimodal effect that stimulates biochemical pathways and restores neuronal structures disturbed in depression. Experimental evidence supports exercise-induced increases in hippocampal, anterior cingulate cortex and prefrontal cortex volume, suggesting that exercise and antidepressant medication may alleviate depression through common neuromolecular mechanisms. However, the benefits of exercise may also persist beyond the end of treatment, unlike antidepressant medication.
Conclusions: Given the undeniable scientific evidence favoring physical exercise in alleviating depression, it is of crucial importance to recommend this treatment in adjunct to psychotherapy and medication. Individuals at risk for depression also greatly benefit from it's neuroprotective effects and should prioritize lifestyle changes. In older adults, there is a greater need for non-pharmaceutical treatments for depression due to limited efficacy of pharmaceutical treatments in this population.

Keywords: Physical Activity; Exercise

EPP0551

The impact of dose on the real-world effectiveness of vortioxetine in outpatients with mdd in greece

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Introduction: The current treatment goal in Major Depressive Disorder (MDD) is functional recovery (Zimmerman M et al, 2012). However, finding the "right dose for the right patient" may be challenging and the dose-response relationship for antidepressant efficacy remains controversial (Hieronymus F et al, 2016). Efficacy evaluated by MADRS increases with higher vortioxetine doses, based on meta-analysis data (Thase ME et al, 2016).

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