EPP0495

Factors associated with anxious distress in major depressive episodes: a cross-sectional study

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Introduction: The comorbidity between depression and anxiety is a common occurrence. The DSM-5 introduced the "anxious distress" (AD) specifier that can be applied to any depressive episode – both in major depressive disorder (MDD) and bipolar disorder (BD) – when symptoms such as feelings of tension, restlessness, difficulty concentrating, and fear that something awful may happen or to lose control are present. Longitudinal data showed that the AD specifier may be an effective predictor of chronicity, time to remission, and functional disability in depressive disorders. In addition, evidence on AD proved its association with increased depressive symptom severity.
Objectives: Available literature seems to suggest that AD occurs in a specific subgroup of patients, thus enabling a peculiar clinical profile to be outlined. To expand knowledge in this field, we performed a cross-sectional study aimed at identifying clinical correlates of AD in people with major depressive episodes.
Methods: Adult people admitted to two psychiatric inpatient units in the northern area of the Metropolitan City of Milan from May 2020 to December 2022 were screened for a major depressive episode and relevant specifiers using the Structured Clinical Interview for DSM-5 (SCID-5). Data on socio-demographic and clinical variables were collected. The severity of depressive and manic symptoms was assessed using the Montgomery–Åsberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS), respectively. Univariate comparisons between participants with and without AD were conducted, and two multiple logistic regression models were arranged to investigate the association between AD and candidate explanatory variables.
Results: We included 206 inpatients with a major depressive episode (mean age =48.4 ± 18.6 years; males = 38.8%), of whom 155 diagnosed with MDD and 51 with BD. AD was present in 137 participants (66.5%). Mixed features (p=0.049), higher YMRS scores (p=0.004), psychotic features (p<0.05), and a diagnosis of MDD (p<0.05) were found to be associated with AD in the multiple logistic regression analysis.
Conclusions: Notwithstanding some limitations, such as the cross-sectional design and the inclusion of inpatient only, our study highlights the association of AD with mixed and psychotic features, as well as with MDD. Clinical implications of these results include the possible contribution in delineating a specific symptom profile in people with AD during a major depressive episode.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP0496

The Influence of Depression in the Evolution of Parkinson's Disease: A Psychiatric Perspective

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Introduction: Parkinson's disease (PD) is a neurodegenerative condition that is predominantly characterised by its motor symptoms. Nevertheless, it is important to note that non-motor symptoms, particularly depression often occur concurrently, exerting a substantial influence on the progression of the disease and the overall well-being of individuals affected by it.
Objectives: The objective of this study is to examine the influence of depression on the advancement of Parkinson's disease (PD) from a psychiatric perspective. This analysis will involve an assessment of the common neurobiological pathways involved and the potential implications for clinical treatment and care.
Methods: A comprehensive assessment of the literature was conducted, focusing on clinical observations, neurochemical interactions, and neuroimaging investigations that provide insight into the concurrent presence of depression and Parkinson's disease (PD). This study aimed to investigate the potential impact of depression on the severity of Parkinson's disease symptoms, the course of the disease, and the responsiveness to treatment.
Results: Depression in Parkinson's disease (PD) is not only a reactive occurrence, but rather it may be attributed to common pathophysiological mechanisms, such as changes in dopamine and serotonin pathways. The coexistence of depression among individuals with Parkinson's disease (PD) has been linked to heightened severity of motor and cognitive symptoms, accelerated development of the disease, and diminished effectiveness of therapy interventions. Furthermore, the presence of depression in individuals with Parkinson's disease intensifies the psychosocial difficulties experienced by both patients and their carers.
Conclusions: The recognition and management of depression in individuals with Parkinson's disease (PD) is of utmost importance in order to enhance treatment approaches and enhance the overall well-being of patients. The establishment of interdisciplinary collaboration between neurologists and psychiatrists is necessary in order to guarantee a holistic approach to patient care.

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