understanding of post-COVID-19 mental health disorders in the study cohort.
Results: Preliminary findings are expected to provide valuable insights into the occurrence and connections of post-COVID-19 mental health disorders among Tirana's adult population. Statistical analyses will identify potential risk factors, informing the development of interventions. Robust data presentation will enhance the credibility and applicability of the study outcomes.
Conclusions: This study promises to elucidate the public health implications of post-COVID-19 mental health disorders in Tirana, guiding targeted interventions. Recommendations based on study findings aim to strengthen mental health services and implement tailored interventions, addressing the unique needs of the community.
Main Messages:
Assessing post-COVID-19 mental health disorders in Tirana informs targeted interventions.
Study findings guide public health actions to enhance mental health services in the community.
Key words: Post-COVID-19 mental health disorders; Tirana; community mental health center

Disclosure of Interest: None Declared

EPP157

Mental Well-being of Medical Students in the Visegrad Four Countries: A Cross-Sectional Exploratory Study

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Introduction: The mental health of medical students is a critical concern, as their well-being directly influences academic performance and the overall success of educational institutions. The high academic demands, heavy workload, and emotional stress encountered by medical students can lead to significant mental strain, potentially resulting in mental disorders. Understanding these factors is essential for developing effective support mechanisms.
Objectives: This study aimed to investigate the mental well-being of medical students across the Visegrad Four countries (Hungary, Czech Republic, Poland, Slovakia) by identifying key predictors of well-being and categorizing students into well-being clusters based on psychological and physical health indicators.
Methods: A cross-sectional exploratory study was conducted using an anonymous, English-language online questionnaire. The survey gathered general demographic data, health-related information, and academic attitudes. Mental well-being was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), coping strategies were evaluated with the Brief COPE inventory, and somatic symptoms were measured using the Patient Health Questionnaire-15 (PHQ-15). Regression analysis was performed to identify predictors of mental well-being, and a two-step cluster analysis was employed to classify students into distinct well-being groups.
Results: A total of 1,703 medical students (467 males) participated in the study. Regression analysis identified adaptive problem-focused and emotion-focused coping, social support, satisfaction with the university experience, healthy eating habits, and a sense of control over personal health as positive predictors of mental well-being. In contrast, maladaptive coping strategies (avoidant and passive) and frequent somatic symptoms were negative predictors. The cluster analysis revealed three distinct groups: (1) a stable group with high well-being and satisfaction, low somatic symptom frequency, and low incidence of mental disorders; (2) a risk group with moderate well-being, low satisfaction, higher somatic symptom frequency, and increased incidence of mental disorders; and (3) a problematic group characterized by low well-being, low satisfaction, high somatic symptom frequency, and frequent mental disorders.
Conclusions: The findings suggest that enhancing adaptive coping strategies, the sense of control, and perceived social support may significantly improve mental well-being of medical students. Furthermore, identifying risk and problematic groups can support the development of targeted interventions. These insights not only contribute to a better understanding of medical students' mental well-being but also offer practical implications for designing preventive and supportive programs to address mental disorders.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPV1510

High-sensitivity C-reactive protein and cyclothymic temperament as predictors of suicidal risk

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Introduction: An increasing number of studies have investigated the role of inflammation in mood disorders, like an altered C-reactive protein (CRP) hematic level. Some studies have also shown an association between suicidal behavior and increased CRP levels.
Objectives: The objective of this study was to evaluate the association between specific clinical features and high sensitivity CRP (hsCRP) levels with suicidal risk in mood disorders inpatients.
Methods: A naturalistic, observational, cross-sectional study was carried out by retrospectively recruiting 353 adult inpatients affected by severe mental illness (SMI), excluding patients affected by inflammatory pathology, alcohol/substances use disorders or treaded by anti-inflammatory/immunosuppressive therapy. In this sample 241 patients suffering from mood disorders were selected. HsCRP levels were measured at the ward admission. All patients were assessed with subscale 5 of the Mini International Neuropsychiatric Interview (MINI-5-s), TEMPS-M, BPRS, HAM-D21, YMRS, CGI-S, CGI-I, MOCA, MDQ, MSRS.
Results: A logistic regression analysis was performed to ascertain the effects of hsCRP and personality trait on the likelihood of suicidality risk. The logistic regression model was statistically significant, $\chi 2$ (2) = 32.868, $p < 0.001$. The model explained 18.7% (Nagelkerke R2) of the variance in subjects with a suicidality risk and correctly classified 76.8% of cases. According to the logistic regression model, suicidality risk is negatively predicted by the total score of the YMRS (exp(B)=0.969, IC95%=0.947-0.993, p=0.01) and hostility subscale of the BPRS (exp(B)=0.905, IC95%=0.819-1.000, p=0.05) while it is positively predicted by the cyclothymic temperament subscale of

the TEMPS-M (exp(B)=1.066, IC95%=1.017-1.118, p=0.008) and hsCRP (exp(B)=1.090, IC95%=1.012-1.174, p=0.024).
Conclusions: The study suggests the potential transdiagnostic association between low grade inflammation, temperament and suicidal risk in patients affected by mood disorders. Our preliminary findings could support a routine introduction of hsCRP hematic measurement, due to its relatively low cost, for its possible utility as an early trans-diagnostically biomarker for suicidal risk. The findings could also lead to developing a model to identify subjects who may benefit from a combined anti-inflammatory and psychopharmacological treatment strategy during the acute illness phase. A neuroinflammatory approach could further help stage and subtype mood disorder patients in more homogenous samples and investigate short- and long-term treatment implications, clinical course, and prognosis. Further research studies should consider all illness phases and how specific temperament and chronotype may influence treatment response, illness course, and outcomes.

Disclosure of Interest: None Declared

EPV1511

Psychopathological features, neuroendocrine correlates and clinical chemistry markers in bariatric surgery candidates: preliminary assessments

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Introduction: Obesity represents a heterogeneous group of clinical conditions, underpinned by a multifactorial pathogenesis. People affected by severe obesity could be eligible for Bariatric Surgery (BS). Generally, researchers agree on the complex interplay between a variety of biochemical and neuroendocrine factors in determining body weight regulation, as well as on the quite common co-exhibition of severe obesity and psychopathological symptoms. Both obesity and mood disorders resulted as chronic low grade pro-inflammatory states and it has been stressed the relevance of traumatic life events in overweight conditions, but few is known about underlining trajectories and neurobiological correlates. BS candidates have high rates of lifetime psychiatric disorders, supporting a comprehensive assessment of psychopathological and peripheral biomarkers in this population.
Objectives: Aim of this cross-sectional survey was the investigation of possible relationships between hematochemical parameters and specific psychopathological features in a sample of BS candidates.
Methods: Seventy-seven subjects with severe obesity undergoing the BS preoperative multidisciplinary evaluation at the University Hospital of Pisa were investigated. Psychopathological data were obtained by self-report instruments exploring a series of full-blown and sub-threshold symptoms of mood and post-traumatic-stress disorders, as well as for emotional eating features: the *Mood spectrum-self report (MOODS-SR) lifetime*; the *Trauma and Loss Spectrum self-report (TALS-SR) lifetime*; the *Emotional Eating Scale (EES)*. As concerns the biochemical assessment, we considered morning cortisol plasma levels and blood cell counts. Non-parametric Spearman correlations were applied. The statistical threshold was set up at $P \leq .05$.
Results: We found significant negative correlations between cortisol plasma levels measured in the morning and sleep (P=.001) or appetite disturbances (P=.04), as well as total altered mood scores (P=.001). Significant positive correlations emerged between Platelet count and total depression scores (P=.042), appetite disturbances (P=.027), TALS-SR domain 3 score (P=.0069), as well as the anger (P=.006), the anxiety (P=.025) and the total components (P=.015) in the EES. Interestingly, there were significant positive correlations also between Platelets-to-Lymphocytes Ratio and the domains 3 (P=.015) and 4 (P=.025) of TALS-SR questionnaire.
Conclusions: These preliminary correlations suggest that in severe obesity (or, almost, in a subgroup of patients), post-traumatic stress features, mood, sleep and appetite disturbances could be related to a lower basal hypothalamic-pituitary-adrenal axis activity and higher inflammatory parameters, especially those linked to platelet status.

Disclosure of Interest: None Declared

EPV1512

Depressive Symptoms in a Patient with VEXAS Syndrome and Its Relationship with Depression: A Case Study

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Introduction: VEXAS syndrome is a newly recognized multisystem inflammatory disorder characterized by recurrent fevers, skin manifestations, and systemic symptoms, often leading to significant morbidity. While the physical aspects of this syndrome are increasingly documented, the psychiatric implications, particularly depressive symptoms, are less explored. This case study aims to elucidate depressive symptoms in a patient diagnosed with VEXAS syndrome, examine how these symptoms relate to prolonged diagnostic uncertainty, and assess the impact of receiving a definitive diagnosis on the patient's mental health.
Objectives: To evaluate the presence and severity of depressive symptoms in a patient with VEXAS syndrome. To analyze the psychological impact of prolonged diagnostic uncertainty on the patient's mood. To investigate the effect of receiving a definitive diagnosis and a comprehensive treatment plan on the patient's emotional well-being.
Methods: This case report describes a 61-year-old male patient with VEXAS syndrome, admitted for further evaluation of his condition. He presented to the psychiatry service with complaints of low mood and morning asthenia. A thorough psychiatric assessment revealed a history of psychiatric hospitalization 30 years prior and ongoing treatment for an adjustment disorder since 2007. The assessment utilized standardized scales to measure depressive symptoms and documented the patient's emotional state and coping mechanisms throughout his medical journey.
Results: The patient experienced persistent low mood episodes since the onset of organic symptoms in 2019, exacerbated by multiple misdiagnoses and inadequate treatments. After receiving a diagnosis of VEXAS syndrome in July 2023, he reported significant improvements in mood and a reduction in suicidal ideation. He attributed these changes primarily to the clarity provided by the