diagnosis and the development of a new treatment plan, rather than solely to adjustments in his antidepressant medication (sertraline, 100 mg). Although he tolerated the medication well, he emphasized that the sense of being understood significantly enhanced his motivation. Additionally, the patient reported vivid nightmares over the last two weeks but denied current suicidal thoughts.

Conclusions: This case highlights the complex relationship between prolonged diagnostic uncertainty and depressive symptoms in chronic inflammatory diseases like VEXAS syndrome. The findings suggest that a definitive diagnosis and clear treatment strategy are crucial for improving mental health and overall well-being. This underscores the importance of a multidisciplinary approach that prioritizes both physical and psychological needs, enhancing the quality of care for patients navigating such complex conditions.

Disclosure of Interest: None Declared

EPV1513

Probiotics decrease C-reactive protein level in depression depending on basal chronic low-grade inflammation status or antidepressant use – secondary results of the Pro-demet randomized clinical trail

O. Gawlik-Kotelnicka[1]*, A. Wysokiński[2], A. Gajewska[3], K. Czarnecka-Chrebelska[4], K. Kopacz[5], A. Skowrońska[1], E. Pikus[4], E. Brzeziańska-Lasota[4] and D. Strzelecki[1]

[1]Department of Affective and Psychotic Disorders; [2]Department of Old Age Psychiatry and Psychotic Disorders; [3]Faculty of Medicine; [4]Department of Biomedicine and Genetics and [5]"Dynamo Lab" Academic Laboratory of Movement and Human Physical Performance, Medical University of Lodz, Lodz, Poland
*Corresponding author.
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Introduction: There is a need to search for new treatment options not only for depression but also its concomitant diseases. Particularly, depression and metabolic-health abnormalities often coexist, while inflammation and microbiota imbalance, may play a part in their pathophysiological overlap. Thus, the trials of interventions on the microbiota may result in establishing a safe adjunctive treatment option.

Objectives: The primary aim of this seconadry analysis was to assess the effect of probiotic formulation on inflammatory parameters in adult patients with depressive disorders. The secondary aim was to assess some possible pretreatment determinants of probiotics action towards inflammation, e.g., dietary habits, inflammatory or metabolic status, severity and dimensions of psychiatric symptoms, medications used.

Methods: The parent trial was a two-arm, 60-day, prospective, randomized, double-blind, controlled design. The probiotic formulation contained Lactobacillus helveticus Rosell®-52 and Bifidobacterium longum Rosell®-175. The change in inflammatory parameters (e.g., C-reactive protein, complete blood count-derived markers, tumor necrosis factor-alpha) after intervention alone and in the context of basal lifestyle, psychometric, metabolic, and inflammatory parameters was assessed.

Results: Probiotics significantly decreased CRP levels compared with placebo by 21.3 % ($p = .047$) with nearly moderate effect size as measured with Cliff's delta ($\Delta = .249$). Rates of CRP-responders (a minimum 50% decrease in CRP level) were non-significantly higher in the probiotic than placebo group (18.0 % vs. 5.26 %, respectively; $\chi2(1) = 3.20$, $p = .074$); but the effect size was shown to be clinically meaningful (OR = 3.95; NNT = 7.85). In two-way ANOVA with interaction analysis, probiotics anti-inflammatory action was shown to be favoured by antidepressant use, and higher basal alanine aminotransferase. But, pretreatment chronic low-grade inflammation status counteracted probiotics anti-inflammatory properties.

There were no significant differences in complete blood count-derived parameters, nor in TNF-α levels.

Conclusions: We have found an anti-inflammatory action of probiotics in patients with depression, as shown in the assessment of CRP levels. Additionally, probiotics were revealed to be more effective for inflammation measured by CRP levels when used by subjects with certain pretreatment features. Further studies should be performed to replicate these results.

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Disclosure of Interest: None Declared

EPV1515

Measurements of Vitamin D and inflammation factors in a psychiatric outpatient clinic

S. Kocijancic Azzaoui[1]* and P. Pregelj[2]

[1]Psycho-oncology, Institute of Oncology and [2]Center of mental health, University psychiatric clinic Ljubljana, Ljubljana, Slovenia
*Corresponding author.
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Introduction: Vitamin D is a fat-soluble vitamin that together with parathyroid hormone (PTH) regulates blood calcium and phosphorus levels. Vitamin D also has anti-inflammatory, antioxidant, and neurotrophic properties. It acts through the vitamin D receptor (VDR), which has been found throughout the body, including the nervous system. Its deficiency is associated with various diseases, including depression and schizophrenia. It is estimated that approximately 1 billion people worldwide have vitamin D deficiency, while 50% of people worldwide (4 billion people) are thought to have insufficient levels of vitamin D.

Objectives: The retrospective study aimed to determine whether routine laboratory tests in a psychiatric office/outpatient clinic can find a connection between vitamin D levels and inflammatory parameters such as CRP, leukocytes, and the neutrophil-to-lymphocyte ratio (NLR).

Methods: Data was collected from a psychiatric office/outpatient clinic between the years 2020 and 2023. We included the patients (and their basic data, such as gender, age, diagnosis during treatment) whose laboratory results had vitamin D levels as well as a complete blood count (leukocytes, neutrophils, and lymphocytes) and c-reactive protein (CRP). We calculated the ratio of neutrophils to lymphocytes (NLR) and performed Spearman's correlation, where a p-value of <0.05 indicated a statistically significant change.

Results: Between 2020 and 2023, 88 laboratory tests were conducted in the outpatient office, that included vitamin D levels, of these, 67 had all the necessary data. Vitamin D deficiency was present in 65% of patients. We found that CRP was not sensitive enough for our study, as 83% of CRP values were below 8 mg/L. After performing a correlation between vitamin D levels and leukocytes and NLR, we did not find a statistically significant connection.