Introduction: Depressive disorders among healthcare workers (HCWs) exhibit a range of clinical manifestations, from mild to severe forms, leading to significant consequences such as hospitalization, extended sick leave, and suicide attempts. Understanding these clinical features is essential for the implementation of effective mental health interventions and support services.
Objectives: This study aims to analyze the clinical features of depressive disorders among HCWs, and to assess the relationships between these factors.
Methods: A retrospective descriptive study was conducted over an 11-year period on HCWs in Sousse, Tunisia, who took long-term sick leave for depressive disorders. Data were collected from medical records, and completed with a telephone questionnaire.
Results: Out of 650 cases examined, 48% were classified as having severe depression, while 50% experienced moderate depression, and 2% had mild forms. Anxiety was the predominant clinical feature, occurring in 71.4% of cases and showing a significant correlation with depression severity ($p = 0.001$). Melancholic features were identified in 33% of the cohort and were also significantly linked to severe depression ($p = 0.005$). Hospitalization due to depression was necessary for 11.2% of cases, with 4.2% requiring multiple hospitalizations; notably, all hospitalized patients exhibited severe depression ($p = 0.001$). Additionally, 1.2% of the study population reported a history of suicide attempts, all of whom presented severe depression, although this finding did not attain statistical significance.
Conclusions: This study highlights the importance of understanding the clinical specifications of depressive disorders in HCWs, as severe forms are often associated with hospitalizations and a higher risk of suicide attempts. The results emphasize the need for early intervention and targeted support strategies to address these severe outcomes.

Disclosure of Interest: None Declared

EPV0612

Limited Changes in Red Blood Cell Parameters after Probiotic Supplementation in Depressive Individuals: Insights from a Secondary Analysis of the Pro-Demet RCT

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Introduction: There is an ongoing need to explore new treatment options not just for depression, but also for its associated conditions. Depression often coexists with hematologic health issues, especially anemia, and both can be influenced by factors such as inflammation and imbalances in gut microbiota. Therefore, investigating interventions that target microbiota holds promise for developing safe and effective adjunctive therapies for both depression and its related disorders.
Objectives: The main objective of this secondary analysis was to evaluate the impact of probiotic supplementation on parameters related to red blood cells in individuals suffering from depressive disorders. The secondary goal was to evaluate several potential pretreatment determinants of probiotic activity on RBC, such as dietary habits, inflammatory or metabolic condition, severity and dimensions of psychiatric symptoms, and taken medications. The third goal was to evaluate probiotics' effects on RBC parameters in addition to their effectiveness in treating depression.
Methods: The parent study was a two-arm, 60-day, prospective, randomized, double-blind, controlled study involving eighty-nine participants. The probiotic formulation used in the trial included Lactobacillus helveticus Rosell®-52 and Bifidobacterium longum Rosell®-175. The current analysis assessed changes in red blood cells-related markers following the intervention using the X^2 test. Linear regression and two-way ANOVA analyses were performed to assess the effects of all major clinical variables on the changes (post- minus pre- intervention values) of RBC parameters.
Results: Probiotic intake did not significantly alter the levels of red blood cell parameters, including red blood cell count, hematocrit, hemoglobin, mean corpuscular volume, mean corpuscular hemoglobin concentration, and red cell distribution width, in comparison to placebo.
None of the linear regression, nor ANOVA models were statistically significant.
In the PLC group, increases in RBC counts and HCT levels were associated with a deterioration in self-assessed depressive and anxiety symptoms. Furthermore, this group also exhibited a positive correlation between MCH and MCHC changes and the differences in MADRS score.
Conclusions: Despite the potential benefits of probiotics in treating anemia, our study found limited evidence of significant changes in red blood cell parameters following probiotic supplementation. However, the precise details regarding the clinical sample characteristics, intervention duration, dosage, and specific probiotic strain used are not fully elucidated.
But, probiotic supplementation appeared to may help prevent some alterations in RBC and HCT levels, as well as in MCH and MCHC in depressed individuals.
ClinicalTrials.gov identifier: NCT04756544.

Disclosure of Interest: None Declared

EPV0613

Efficacy of Collimated Light Therapy for Seasonal Affective Disorder: study protocol

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Introduction: Light therapy is a treatment that involves daily exposure to bright light. It is most commonly used to treat seasonal affective disorder (SAD). The standard light therapy regimen for SAD typically involves sitting in front of a light box that emits 10,000 lux of light at a distance of 20 cm from the eyes for 30 minutes per day, preferably in the morning. Sandkühler et al. suggested that increasing the illuminance in light therapy, using a Bright, whole-ROom, All-Day (BROAD) approach, may enhance its effectiveness. Both the standard light therapy regimen and BROAD light therapy involve radiant light sources, which emit light that disperses quickly and produces shadows that vary in size

depending on the distance of the object from the light source. This makes them visibly different from sunlight. This study aims to investigate the efficacy of collimated light therapy, which uses a reflective parabola placed behind an LED to generate a parallel light beam, brightly illuminating a whole room in the patient's home (Collimated Light Therapy), similar to natural sunlight.
Objectives: H1.0) To measure the difference in symptom severity between baseline and after 4 weeks of treatment using the SIGH-SAD questionnaire on SAD symptoms. H1.1) To assess the difference in symptom severity between baseline and after 4 weeks of treatment using the BDI-SAD. H1.2) To determine the fraction of patients in remission after 4 weeks.
Methods: This study includes adult patients diagnosed with SAD according to DSM-5-TR criteria. Participants must be at home for at least 6 hours in the morning and afternoon (before 19:00) on at least 5 days per week. Exclusion criteria include a history of manic episodes, light therapy in the previous 4 months, and recent changes in antidepressant medication. We will test hypotheses H1.0 and H1.1 using independent-sample t-tests to compare average scores on the SIGH-SAD and BDI-SAD scales between the collimated light therapy and standard light therapy groups after four weeks. Hypothesis H1.2 will be tested with a chi-square test for association, comparing remission rates between the two groups after two and four weeks.
Results: Our hypotheses are: (1) Home-based collimated light therapy for at least 6 hours/day reduces winter depression symptoms more than standard light therapy (light box, 10,000 lux, 30 minutes/day) after four weeks, as measured by the SIGH-SAD. (2) After four weeks, collimated light therapy shows greater improvement in symptoms as measured by the BDI-SAD. (3) Collimated light therapy results in a higher fraction of patients in remission after four weeks.
Conclusions: This trial is the first RCT to compare the efficacy of collimated light therapy with standard light therapy for treating SAD. This groundbreaking trial could open a new therapeutic frontier, offering a potentially more effective option for patients suffering from SAD.

Disclosure of Interest: None Declared

EPV0614

Paroxetin in the treatment of depressive symptoms and insomnia

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Introduction: OBJECTIVES: Insomnia is the most prevalent sleep disorder in the general population and depresive symtoms, and one of the most frequent reasons for consultation in the Sleep Units. Paroxetin is an antidepresive also effective on the structure of sleep.
Objectives: We describe the study that evaluates Paroxetin in patients with depression and insomnia.
Methods: Observational retrospective study of 40 patients with depression and insomnia. All patients attended in Neurology or Psychiatry Consultation, from November 2022 to November 2023. They were treated with Paroxetin 30 mgrs. We reviewed age, sex, depressive symtoms and insomnia, and the results of paroxetin for insomnia after 6 months of treatment, measured by the improvement of 3 or more points in the ISI and Pittsburgh scales, as well as the average of hours of sleep gained. The depressive symtoms measured with Hamilton scales.
Results: RESULTS: 40 patients with depression and insomnia, 24 women (60%), 16 men (40%). Average age 46,5 years
Main etiology: depression 40 cases (100%). After the treatment with Paroxetin the total number of hours of sleep improves in 2.5 hours, the scale ISI improves by 6 points (± 2.1 SD, p=0.02), and Pittsburgh scale improves in 4 points (± 1.7, p =0.04). The Hamilton scales improves in 19 points. The treatment was abandoned by 2 patients (5%): 1 due to pregnancy wish and 1 due digestive symtoms.
Conclusions: CONCLUSION: The Paroxetin 30 mgrs/day improves the quality of sleep measured by ISI and Pittsburgh scales (statistically significant), and improves the depressive symtoms.

Disclosure of Interest: None Declared

EPV0615

Unwanted pregnancy, abortion and suicidal behaviour

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Introduction: Previous studies have shown that unwanted pregnancy and abortion, particularly in adolescents, are associated with a higher risk of suicidal thoughts and behaviors. Moreover, women with a history of abortion faced a significantly higher risk of various mental health problems, including suicidal behaviors, compared to those who did not undergo abortion. This is often due to a combination of psychological and social pressures. Factors such as the feeling of shame, social isolation, and a sense of being a burden can exacerbate the mental distress that pregnant women or adolescents experience, especially when the pregnancy is unplanned. Additionally, women who attempted suicide often report high levels of stress related to social expectations, family conflict, and lack of support during pregnancy. In some cases, individuals who were born from unwanted pregnancies or whose mother attempted abortions have also shown a higher risk of suicidal behavior later in life. However, our understanding of the risk and protective factors is uncomplete.
Objectives: In our study the connection between unwanted pregnancy, abortion and suicide attempts were analysed and identify their role as potential suicide risk factors.
Methods: : Structural clinical interview was used to explore trauma history of induced abortion and unwanted pregnancy. 324 subjects were involved in the analysis. 134 of them with history of suicide, 135 clinical sample without suicide history 55 non-clinical sample. We assessed the moderator effect of the attachment style and childhood trauma using the Adult Attachment Scale (AAS) and the Childhood Trauma Questionnaire (CTQ).
Results: We found no significant effects regarding whether the individual was born from unwanted pregnancies (β = -1.509, p = 0.110, OR = 0.221), and whether they lost their child (β = 0.247, p =