identity, and strengthens bonding. Future trials should harmonize measures, extend follow-up, and test brief, group, and digital formats for scalable perinatal care.

Disclosure of Interest: None Declared

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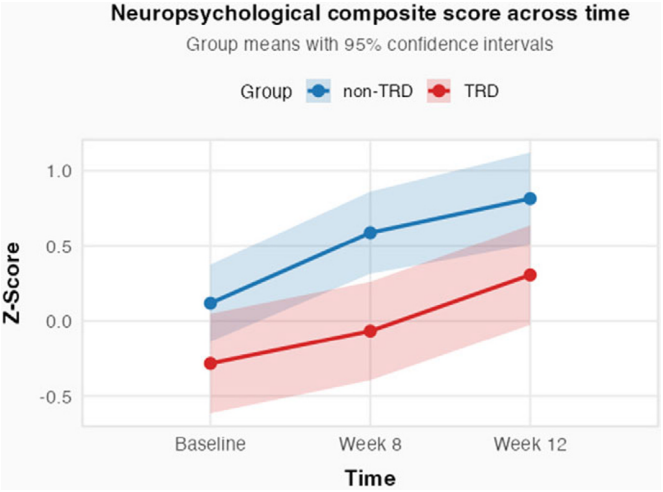
Global cognitive functioning in TRD and non-TRD patients: longitudinal real-world evidence from the PROMPT study

V. T. H. Wahner[1]*, S. Jörgens[1,2], B. T. Baune[1,3,4] and PROMPT consortium

[1]Department of Psychiatry, University of Münster, Münster; [2]Department Hamm 2, Hochschule Hamm-Lippstadt, Hamm, Germany; [3]Department of Psychiatry, University of Melbourne and [4]Florey Institute of Neuroscience and Mental Health, Parkville, Australia
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11389

Introduction: The exact role of cognitive functioning (CF) and impairment in treatment-resistant depression (TRD) is not well understood. In particular, the lack of longitudinal and comparative data with non-TRD patients represents a major gap in the current literature.
Objectives: This study sought to compare 12-week trajectories of global CF between TRD and non-TRD patients in a real-world setting.
Methods: This prospective observational study included 146 inpatients with major depressive disorder (MDD) who were assessed with a standardized cognitive test battery (BAC-A) and structured clinical interviews at baseline, week 8, and week 12. Fifty-four patients (mean age = 48.5±15.5; 48% female) met the criteria for TRD, defined as nonresponse to at least two antidepressant regimens during the current episode, and were compared with ninety-two non-TRD patients (mean age = 33.9±12.8; 50% female). Composite cognitive *z*-scores (age- and sex-adjusted) were analysed using linear mixed-effects models to examine the effects of group, time and their interaction. In a second step, the model was adjusted for symptom severity (MADRS scores), recurrence, years of education, current medication (benzodiazepines, antipsychotics) and psychiatric comorbidities (anxiety disorders, personality disorders).
Results: Global CF improved significantly over 12 weeks (β = 0.29, $p < .001$). The TRD group showed lower baseline CF (β = -0.45, $p = .032$). This group effect was no longer significant after adjustment for clinical covariates. Higher education predicted better CF (β = 0.12, $p < .001$), whereas antipsychotic use was associated with poorer CF (β = -0.74, $p < .001$). The non-significant group × time interaction indicated similar trajectories between groups. Random-effects variances (intercept = 1.05; slope = 0.00) suggested substantial between-subject variability at baseline and parallel improvement trajectories. Figure 1 depicts group mean trajectories of global CF over 12 weeks.

Image 1:



Conclusions: Observed differences in global CF between TRD and non-TRD patients appear to reflect underlying clinical characteristics rather than treatment resistance per se. Future studies should investigate group differences at the domain level and account for substantial between-subject variability in their analyses.

Disclosure of Interest: V. Wahner: None Declared, S. Jörgens: None Declared, B. Baune Consultant of: BTB received speaker/consultation fees from: AstraZeneca, Lundbeck, Pfizer, Takeda, Servier, Bristol Myers Squibb, Otsuka, LivaNova, Boehringer-Ingelheim, Biogen and Janssen-Cilag.

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Depressive symptoms in LGBT and heterossexual medical students: a comparative cross-sectional study

A. F. C. Ximenes[1]*, L. V. D. Araujo[1], P. F. B. de Araújo[2], A. B. D. C. Alves[2], L. C. Carneiro[2], M. I. O. de Morais[2], F. O. Barbosa[1], B. D. A. A. L. T. de Melo[1], E. D. F. Correia[1], V. L. de-Melo-Neto[1,2] and D. B. B. Ferreira[1]

[1]Psychiatry, Universidade Federal de Alagoas and [2]Psychiatry, Universidade de Ciências da Saúde de Alagoas, Maceió, Brazil
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11388

Introduction: Depression is one of the most prevalent psychiatric conditions among medical students, often driven by high academic demands, long study hours, and emotional burden. International studies suggest that LGBT students are at heightened risk, consistent with minority stress theory, which links stigma to worse mental health outcomes. However, results across settings are inconsistent, with some evidence pointing to resilience and protective community factors. In Brazil, comparative data on depressive symptoms in LGBT and heterosexual medical students are limited. Clarifying these patterns is crucial for tailoring mental health strategies to diverse student groups.