through increasing dispositional optimism. While the relationship between religiosity and mental health has been previously examined in different religious populations, there are few studies that focused on comparing this relationship across religions.
**Objectives:** The objective of this scoping review is to understand the link between religiosity and mental health, focusing primarily on how people of the Christian religion demonstrate dispositional optimism or pessimism when coping with adverse life events, compared to other religious groups or atheists.
**Methods:** This scoping review included original peer reviewed study articles that studied mental health in terms of dispositional optimism or pessimism in people of Christian religion compared to other religious groups. This review used online databases, Ovid MEDLINE and PsycInfo, and used extraction tables to analyze the results of past research.
**Results:** The results of this scoping review revealed that people of Christian religion, especially those high in religiosity, use their religion as a method of coping. This population also showed higher dispositional optimism compared to atheists or those that believe in other religions. However, when compared to other religions such as Buddhism and Muslim, Christian populations showed lower dispositional optimism.
**Conclusions:** It is evident that religious involvement is linked to aspects of mental health, but comparing the effects of different religions is still a topic of exploration that can be investigated further to allow deeper understanding of their similarities and differences, as well as the mechanisms by which religion can affect mental health. In this review, a gap in the body of knowledge regarding the relationship between religion and pessimism was revealed. Future research directions could include examining whether dispositional pessimism varies across religious groups, as it does not necessarily have a perfectly inverse relationship with optimism.

**Disclosure of Interest:** None Declared

## Psychoneuroimmunology

### EPV0805

### The wrinkles of the soul- a psychoneuroimmunological approach to aging

B. A. Oroian*, G. I. Costandache, A. Salaru, P. F. Ionescu and P. Nechita

Institute of Psychiatry "Socola" Iași, Iasi (0 km), Romania
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2109

**Introduction:** Psychoneuroimmunology is a discipline that has emerged over the past decades as a broad interdisciplinary field that closely observes the relationship between the psychological state, the nervous system, the endocrine system, and the immune system. The natural aging process leads to alterations in the immune functions, involving lymphocyte dysregulation, and therefore leading to a higher risk of developing coronary artery diseases, infectious diseases or even cancer.
**Objectives:** The aim of our inquiry is to evaluate the existing body of work with a focus on studies that observed the intricate connections between psychosocial factors and immunity.
**Methods:** We performed a systematic review on PubMed and a targeted literature search concentrating on all the factors involved in immunosenescence and their consequences.
**Results:** The causality between emotional stressors (acute or chronic), lack of social support, adverse life events, coping mechanisms, personality traits, as well as endocrine changes and multiple age-related pathologies is often undeniable. Other relevant factors include nutrition, sleep, physical activity and substance use. As people grow older, they face a number of psychosocial stressors, such as retirement, social isolation, loss of independence, low income, a decrease in productivity and also somatic comorbidities. These factors, together with an age-related decline in immune function, can constitute not only a psychosocial disadvantage of the elderly, but also a risk factor able to trigger further deterioration of the immune system.
**Conclusions:** Age-associated alterations of the immune response represent a complex concept. Given that we are dealing with the phenomenon of aging in the general population, the field of psychoneuroimmunology can make a significant contribution in establishing the different mechanisms through which seniors can cushion the impact of stressors in regards to health and illness. Therefore, we can pave the way for an individualized approach and support for patients, as well as provide better therapeutic outcomes.

**Disclosure of Interest:** None Declared

### EPV0806

### Autoimmunity associated with first psychotic episode. A Systematic review.

E. De La Fuente Ruiz

Psiquiatría, Hospital Universitario Miguel Servet, Zaragoza, Spain
doi: 10.1192/j.eurpsy.2023.2110

**Introduction:** Autoimmunity mechanisms involve many cells that produce inflammatory cytokines which damage different organs, like the brain. There is a relationship between neuropsychiatric diseases, such as psychosis, and autoimmune diseases. In this article we try to demonstrate that treating autoimmune diseases appropriately improves clinical evolution of patients with a first psychotic episode.
**Objectives:** The purpose of this article is to emphasize the importance of a multidisciplinary approach to a first psychotic episode. It is very important to perform autoimmunity tests to rule out secondary psychoses, even more so if the patient does not respond correctly to treatment with antipsychotics, to improve his/her prognosis and quality of life.
**Methods:** We performed a literature search of PubMed database using the following MeSH terms: "Autoimmune Diseases" and "Psychotic Disorders". 134 studies were published between 2017-2022. We selected the original papers that analyzed the association between autoimmune diseases and first psychotic episodes. Finally, 18 were selected.
**Results:** In secondary psychoses, early diagnosis and treatment of the underlying pathology can lead to rapid improvement.

https://doi.org/10.1192/j.eurpsy.2023.2110 Published online by Cambridge University Press

**Conclusions:** A multidisciplinary approach is necessary from the first moment that a FPE is diagnosed, even more so in middle-aged women.

**Disclosure of Interest:** None Declared

## EPV0807

## PSYCHOSIS AS A MANIFESTATION OF LUPUS AND ANTIPHOSPHOLIPID SYNDROME. ABOUT A CASE.

F. Vílchez Español*, R. Carrillo Molina and A. Alcántara Gutiérrez

[1]Psiquiatría, Complejo Hospitalario de Jaén, Jaén, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2111

**Introduction:** A lot of studies have determined the relationship between psychosis and autoimmune diseases. One of the classic examples is systemic lupus erythematosus and antiphospholipid syndrome.
Both are syndromes marked by a state of excessive inflammation and hypercoagulability, respectively. And psychosis is a frequent manifestation of these two diseases, so it is important to take it into account, because psychotic episode triggered by these diseases has a different therapeutic approach from that of primary psychoses.
**Objectives:** To raise awareness about this fact, we present the clinical case of a 43-year-old woman, diagnosed with systemic lupus erythematosus and antiphospholipid syndrome, who went to the Emergency Department due to agitation and delusional ideation of harm.
**Methods:** Given that the patient presented a recent altered cranial MRI, the aforementioned pathologies and an acute and poorly systematized clinical onset, we referred her for admission to Internal Medicine due to suspicion of a psycho-organic syndrome of probable autoimmune origin.
**Results:** After admission to Internal Medicine, corticosteroid treatment was prescribed. After three days, the symptoms remitted and the patient was discharged, starting outpatient follow-up.
**Conclusions:** It is important not to forget that psychotic symptoms may be due to causes other than merely psychopathological ones, and may belong to other aetiologies and, with it, other therapeutic attitudes.

**Disclosure of Interest:** None Declared

## EPV0808

## Proinflammatory activation profile in circulating monocytes in patients with a major depressive episode

L. Grendas[1]*, R. Alvarez Casiani[1], A. Arena[1], M. Penna[1], F. Hunter[1], A. Olaviaga[1], C. Prokopez[1], V. Tifner[1], A. Armesto[1], A. Carrera Silva[2], A. Errasti[1] and F. Daray[1]

[1]Institute of Pharmacology, School of Medicine, University of Buenos Aires and [2]Institute of Experimental Medicine, IMEX-CONICET-National Academy of Medicine, Buenos Aires, Argentina
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2112

**Introduction:** Mood Disorder (MD) affects more than 300 million people globally, and its etiology is unknown. In recently published data, MD has been correlated with inflammation and the immune system. Circulating monocytes have been proposed to play a role in the pathophysiology of depression.
**Objectives:** To determine if there is a specific activation profile of monocytes in patients with MD that differentiates them from healthy control (HC).
**Methods:** Study Design: Case-control study matched by sex and age. The study was approved by IRB and carried out in three hospitals in Argentina.Participants between 18 and 55 years old from both genders, were evaluated by psychiatrists using the International Psychiatry Interview (MINI) to diagnose Mood Disorder (MD), and the Hamilton Depression Rating Scale (HADRS) to define active disease (AD), non-active disease (NAD) or healthy control (HC). The three monocyte subtypes were directly stained and analyzed in a drop of 100 uL of blood sample based on our validated monocyte cocktail including CD11b, HLA-DR, CD86, CD14 and CD16 expression by flow cytometry. To define normality Kolmogorov-Smirnov test was employed. A parametric T-test with Welch´s correction was employed for normal distribution and a non-parametric Mann Whitney test was used when comparing populations that do not pass the normality test.
**Results:** The sample characteristics were shown in Table 1. Patients with AD (Hamilton >7) (n: 37), patients with NAD (Hamilton <7) (n: 38), and HC (n: 39) were recruited. The percentage of classical monocytes decreased in AD vs NAD (p=0.04), both AD, and NAD have significantly lower levels of classical monocytes than HC (****p<0.001) (Image 1). The percentage of intermediate monocytes is higher in AD vs NAD (p=0.05), both AD, and NAD have significantly higher levels of intermediate monocytes than HC (****p<0.001) (Image 2). The percentage of non-classical monocytes is higher in AD vs NAD (p=0.05), both AD, and NAD have significantly higher levels of non-classical monocytes than HC (****p<0.001) (Image 3).

**Table 1.** General characteristics of the sample

| n | Active disease 37 | Non-active disease 38 | Healty control 39 |
|---|---|---|---|
| Age (SD) | 42.95 (11.78) | 42 (12.02) | 40.67 (11.42) |
| Women (%) | 76.3 | 64.9 | 76.9 |
| BD I | 15.8 | 54.1 | 0.0 |
| BD II | 26.3 | 5.4 | 0.0 |
| BD (non specified) | 0.0 | 2.7 | 0.0 |
| MDD | 57.9 | 37.8 | 0.0 |
| HAM-D 17 items mean (SD) | 14.13 (4.89) | 3.11 (2.35) | 0.49 (0.85) |