Foundation Young Investigator Prize. Furthermore, SDØ owns units of mutual funds with stock tickers DKIGI, DKIDKIX, MAJ-GRO, NBIDE, SPVILRKL and WE
Keywords: Psychiatric Status Rating Scales; Psychometrics; Depression; Surveys and Questionnaires

EPP0435

Treatment of the depressive patients at clinical high-risk for psychosis

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doi: 10.1192/j.eurpsy.2022.691

Introduction: At present, there is no universally approach to treating patients at clinical high-risk for psychosis (CHR) without comorbid mental disorders. However, if there are revealed depressive symptoms, proper treatment becomes necessary.
Objectives: Establish pharmacological classes and doses of drugs that have proved effective in treating depressive patients at CHR.
Methods: A comparative study of pharmacological classes and doses of drugs was carried out, showing the effectiveness in treatment of 219 depressive patients at CHR and 52 depressive patients without CHR. The treatment effectiveness was carried out on the reduction of depression symptoms on the HDRS scale, and the CHR symptoms on the SOPS scale.
Results: A significant reduction of depression symptoms was achieved in the group of depressive patients with and without CHR on the HDRS scale (67.9% and 76.6% respectively). The reductions of the CHR symptoms were 46.1% and 53.3% respectively. There were differences between the severity of depression symptoms and CHR symptoms before and after the treatment. Both groups used antidepressants followed by the prescription of antipsychotics to increase the effectiveness of the therapy. No difference was found in the doses of antidepressants for the fluoxetine equivalent (46.0 vs 42.6 mg per day, p 0.05) and some differences were found for the average effective doses of antipsychotics for the chlorpromazine equivalent (385.4 vs 230.8 mg per day, p 0.05).
Conclusions: The same pharmacological classes are used for the treatment of young depressive patients with and without CHR, but the former have significantly higher doses of antipsychotics.

Disclosure: No significant relationships.
Keywords: early intervention; antidepressant; Clinical high-risk; antipsychotic

EPP0436

Psychological aspects of body perception in depression with non-suicidal self-injury

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doi: 10.1192/j.eurpsy.2022.692

Introduction: Emotional regulation appears to be a key factor in self-injury. But body image also may play an important role in self-harming.
Objectives: Analysis of the relationship between non-suicidal self-injurious behavior and various aspects of body representation and body perception in adolescents and young women suffering from depression.
Methods: The study involved 85 women with endogenous depression. The answer to the question "Sometimes I purposely injure myself" was used as an indicator of self-harm. The methods include: SCL-90-R, Body Investment Scale (BIS), Physical Appearance Comparison Scale-Revised (PACS-R), Body Satisfaction Scale (BSS), Cambridge Depersonalization Scale (CDS).
Results: The relationship between self-injurious behavior and emotional, cognitive and behavioral characteristics of the self-body perception was revealed: more negative body image - dissatisfaction with its parts and the whole body (correlation with BSS_head ,238*, BSS_body ,472**, BSS_total_score ,453**), which is accompanied by behavioral manifestations - reduced "Protection" (correlation with BIS -,281**), higher rates of self-surveillance and comparisons of the self-body with others (PACS-R ,323**), depersonalization (CDS ,301**), body dissociation (CDS ABE ,346**), somatization (SCL-90-R ,226*).
Conclusions: For young women with depression, it has been shown that when self-harming, the self-body is "devalued", perceived as "bad," and the need to protect it is ignored. The severity of self-harm directly correlates with the phenomena of somatopsychic depersonalization. The results obtained may indicate that rejection of the self-body, "alienated" attitude and deprivation of the body of "subjectivity" can contribute to its use as a tool for solving psychological problems, which is a risk factor for the development, consolidation and aggravation of self-injurious behavior.

Disclosure: No significant relationships.
Keywords: body perception; depersonalization; Depression; self-harm

EPP0437

ESKALE study, a French real-world study of esketamine nasal spray for patients with treatment-resistant depression

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doi: 10.1192/j.eurpsy.2022.693

Introduction: Esketamine nasal spray has been developed to treat adults with treatment resistant depression. On Dec.2019, EMA granted a market access approval in this indication.
Objectives: ESKALE is a descriptive study of treatment resistant depression patients treated with esketamine in France.
Methods: Observational retrospective study. 157 patients are included in 3 cohorts depending on their treatment initiation date.

This abstract presents the second interim results of patients treated with esketamine and whom data collection ranges from Oct.2019 and Sept.2021.
Results: 66.7% of patients were females. Average age was 49 years old with 26 patients > 65 years old. Duration of the current depressive episode was 26.0 months (mean). 48.8% of patient have > 1 suicide attempt during whole life. At esketamine initiation, 78.2% patients were clinically perceived to have severe depression with a MADRS score of 32.4 (median) and a PHQ9 score of 19.5 (median). For the overall sample, esketamine was prescribed in median as a 3rd line and for 40.5% of patients after neurostimulation. The majority of the patient started esketamine at 28 mg or 56 mg and increased the dose to 84 mg. After 4 months of treatment, clinical benefits are the following: decrease of MADRS total score -16.5 points (median) corresponding to 58% of responders and a PHQ9 total score decrease of -8.6 points (median). No new safety signal detected.
Conclusions: This second interim analysis describes patients' profiles and clinical evolution over a longer period and a broader population than the first interim analysis. The conditions of use are consistent with the ones approved by health authorities.

Disclosure: I (Marie-Alix Codet) works as a full employee at Janssen Cilag
Keywords: esketamine; Treatment Resistant Depression; retrospective study; Real World Evidence

EPP0438

Immune cells as a potential therapeutic agent in the treatment of depression

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doi: 10.1192/j.eurpsy.2022.694

Introduction: There are sufficient amount data on the immune cells and their biologically active products leading role in the pathogenesis of depression, which allows viewing modulated immune cells as model objects for developing new approaches to depression immunotherapy.
Objectives: We first demonstrated the ability of immune cells modulated outside the body by caffeine to edit depression-like behavior and showed the central cytokines-mediated mechanisms of this effect. Considering theimportant role of the peripheral immune system in the pathogenesis of depression, we investigated the main parameters of its functional activity after transplantation of modulated immunocytes.
Methods: (CBAxC57Bl/6) F1 depressive-like male mice, developed under the long-term social stress, were undergoing the transplantation of syngeneic immune cells with *in vitro* caffeine-modulated functional activity. Recipient's behavior and immune systems functional activity parameters were studied.
Results: We showed earlier significant positive psychoneuromodulatory effect of caffeine-treated immune cells in depressive-like recipients which manifests itself in the behavioral editing (anhedonia reduction, stimulation of exploratory behavior and activity in forced swimming test); hippocampal neurogenesis stimulation against the background of increased BDN and modulation of brain cell's cytokines production. Transplantation of caffeine-modulated immune cells in syngeneic depressive-like recipients also leads to positive changes in the immune system functional activity as evidenced by enhanced immune response, splenocytes proliferation stimulation on the background of modulation of cell's cytokines production and decreased tryptophan catabolism, reducing systemic inflammation.
Conclusions: Results demonstrated that *in vitro* caffeine-modulated immune cells caused positive psychoneuroimmunomodulating effect in depressive-like recipients. So, its may be considered as a potential therapeutic agent in the treatment of depression.

Disclosure: No significant relationships.
Keywords: immune cells; Depression

Child and Adolescent Psychiatry 04

EPP0440

Relationship to physical and psychological pain as factors of deviant behavior in Russian female adolescents

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doi: 10.1192/j.eurpsy.2022.695

Introduction: Borderline personality manifests in female adolescence and youth by higher frequency of deviant behaviors and suicidal ideations. Psychological models suggests that both perception and relationship to physical pain (Joiner, 2005, O'Connor, Kirtley, 2018, Galynker, 2017) as well as psychological pain (Eisenberger et al., 2003) could increase the risk.
Objectives: This study concentrates on the relationship between relationship to physical and psychological pain and reported deviant behavior in female adolescents.
Methods: 204 female adolescents (13-21 years old) filled checklist appraising alcohol use, drug use, aggressive behavior, suicidal ideations and emotional difficulties (Cronbach's alphas .67-.89), Interpersonal Needs Questionnaire (Van Orden et al., 2012), Discomfort Intolerance Scale (Schmidt et al., 2006), The Pain Catastrophizing Scale (Sullivan et al., 1995).
Results: Elder females more frequently reported substance use (r=.23-.28) and less frequently aggressive behavior (r=-.19) while suicidal ideations were unrelated to age. Females reporting higher perceived burdensomeness and emotional difficulties also reported higher alcohol use (r=.25-.29), aggressive behavior (r=.37-.42) and suicidal ideations (r=.64-.84). Thwarted belongingness correlated with suicidal ideations (r=.50) and aggressive behavior (r=.26). Higher alcohol use was associated with catastrophizing of pain in the form of magnification and helplessness (r=.17) while suicidal ideations and aggressive behavior were related to ruminations, magnification and helplessness (r=.23-.33). Only correlations between aggression and pain catastrophizing remained significant after statistical control of psychological pain (r=.15-.22).
Conclusions: After control for psychological pain, only aggressive behavior is related to catastrophizing of physical pain. Study is supported by Russian science Foundation, project 22-28-01524.