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Psychological maltreatment and self-compassion - the mediating role of shame and perspective-takingG. Vizin^{1,2*}, H. Szócs² and Z. Illyés^{3,4}

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Introduction: Psychological maltreatment such as emotional abuse or neglect is a serious risk factor for poorer mental and somatic health outcomes in life. A higher rate of psychological maltreatment experienced in childhood is a predictor of aversive emotional states such as shame, and can negatively influence factors of mentalization such as perspective-taking capacity in adulthood. However, emotional abuse or neglect are also negative predictors of self-compassion.

Objectives: The purpose of the study was to test two mediating models. We hypothesized, that reduced perspective-taking capacity, as well as higher levels of shame due to psychological maltreatment can be causally linked to lower levels of self-compassion.

Methods: We collected data from 120 healthy subjects (mean age = 29.46, SD = 7.55) from Hungary We used Experience of Shame Scale, Interpersonal Reactivity Index, Childhood Trauma Scale, and the Self-Compassion Scale in our cross-sectional questionnaire study.

Results: Psychological maltreatment is a significant negative predictor of self-compassion ($b = -0.712$; $p < 0.05$), and shame seems to play a mediating role in this relationship (effect size = 0.231; $p < 0.05$). Psychological maltreatment was not a statistically significant predictor of perspective-taking.

Conclusions: Our results highlight that shame has a central role between childhood traumatization and psychological well-being. In the case of early emotional maltreatment we have to focus on shame for higher levels of self-compassion and effective healing in psychotherapy.

Disclosure: No significant relationships.

Keywords: perspective-taking; psychological maltreatment; shame; self-compassion

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Effectiveness of Interventions on Psychological Resilience among Individuals with Cancer: A Systematic Review and Meta-analysis

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Introduction: Cancer is a disease that can cause traumatic experiences and disrupt the balance of life in individuals. The development of resilience in individuals is important in adapting to the cancer process and the difficulties that the process may bring.

Objectives: To investigate the effectiveness of interventions for the psychological resilience of individuals with cancer.

Methods: The findings of randomized controlled trials related to interventions to effect resilience of individuals with cancer were included. Comprehensive Meta-Analysis software was used to analyze the data. Hedges' g and 95% confidence intervals were computed to estimate the effect. Additionally, funnel plots were created to assess publication bias. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis was used.

Results: The eight studies that demonstrated the effect of the interventions on resilience of individuals with cancer were heterogeneous. The effect size was 2.649 (95% CI = 1.325 - 3.973), was statistically significant ($p < 0.001$). Results of the subgroup analysis showed that the effects of sample size, cancer type, length of treatment, duration of intervention and gender were significant. According to the length of treatment studies lasting >90 min and >10 weeks were less significant impact on resilience. Studies in which the sample consisted of more than 100 participants, conducted participants with mixed type of cancer and the sample consisted of participants from both genders demonstrated statistically significant effects on resilience.

Conclusions: This study showed that supportive interventions are crucial in developing psychological resilience among individuals with cancer. However, the findings also underscore the need for further research.

Disclosure: No significant relationships.

Keywords: cancer; patient; resilience; meta-analysis

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Psychotherapy employed additionally to Psychopharmacotherapy is not related to Better Treatment Outcome in Major Depressive DisorderL. Bartova^{1*}, G. Fugger¹, M. Dold¹, M. Mitschek¹, J. Zohar², J. Mendlewicz³, D. Souery⁴, S. Montgomery⁵, C. Fabbri⁶, A. Serretti⁶ and S. Kasper¹

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Introduction: Although numerous effective antidepressant (AD) strategies are available for the treatment of major depressive disorder (MDD), many patients do not achieve satisfactory treatment response.

Objectives: The aims of the present European, cross-sectional, multicenter, naturalistic study were (1) to determine the proportion of patients suffering from primary MDD who received additional psychotherapy to their ongoing psychopharmacotherapy and (2) to identify the associated socio-demographic and clinical patterns.

Methods: Patients receiving both treatments were compared to those lacking concomitant additional psychotherapy that was manual-driven psychotherapy (MDP) in all cases.