

variance, while a significant contribution is made, as in the analysis of “depression”, by the indicators of “interpersonal sensitivity” and “avoidance”, however, unlike “depression”, the contribution of the “destructive narcissism” is noted in contrast to the “deficit narcissism”.

Conclusions: With severe depressive symptoms, indicators of hostility are increased. Hostility in depression is associated with factors caused by a violation of early interpersonal relationships (anxious attachment), which causes increased sensitivity in relations with others, “building a barrier” between oneself and the external environment perceived as hostile in the narcissistic pathology, problems in emotional regulation. One of the targets of psychotherapeutic work may be the ambivalence between desire for symbiotic dependence and the experienced hostility.

Disclosure of Interest: None Declared

EPV0419

Clinical and psychometric characteristics of depression in the elderly

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Introduction: Depression in the elderly represents a multifaceted and critical area of study within the realm of geriatric mental health. As the global population continues to age, the prevalence and impact of depression among older adults have garnered increased attention from researchers and clinicians.

Objectives: This abstract delves into the comprehensive exploration of the clinical and psychometric characteristics of depression in the elderly population. This study aims to contribute to a deeper understanding of depression’s manifestation in the third age, providing invaluable insights that can inform tailored interventions, improve diagnostic accuracy, and enhance the overall quality of life for older adults.

Methods: A cross-sectional study was conducted that gathered 80 patients. Their common characteristics were the signing of the consent, their admission to the Psychiatry Clinic in Timișoara and their main diagnosis with one of the ICD-10 codes F32.x, F33.x or F06.8.

This selection resulted in three groups: patients younger than 65 years old, patients older than 65 years in whom depression began before this age, and patients older than 65 years in whom depression began after 65 years of age. Anamnestic data, paraclinical, socio-demographic data, psychometric scales that measured the level of depression as well as personality scales were collected. The data that was obtained was compared and examined to find significant correlations between the 3 batches.

Results: The results show that there are no significant differences between patients with depression from rural or urban areas, showing the universality of the occurrence of this disorder among the population, regardless their environment. Depression in the third age is most often found in the elderly who have only finished secondary school, education levels playing a role in depression prevalence suggest the significance of socio-economic factors,

warranting targeted outreach and education efforts in vulnerable populations. Correlations were also found between the level of depression and certain blood parameters. The integration of these findings for an understanding of the etiology of depression can pave the way for new therapeutic approaches. Certain personality traits were correlated more with certain items on the scales that evaluated depression, thus in those with a neurotic personality it is very strongly correlated with the appearance of guilt as a symptom, agreeableness with psychomotor slowness, paranoid with insomnia, and anankastic and dependent personalities were correlated much more with social isolation.

Conclusions: By recognizing the distinct clinical features and implications of depression in older adults, we can pave the way for improved mental health care and better quality of life for this growing population. This study reinforces the importance of continuous research and collaboration in the field of geriatric mental health.

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EPV0420

Depression, anxiety and stress among flight crews in Tunisia

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Introduction: The mental health of flight crews is of paramount importance. Due to the demanding nature of their work, crew members are subject to various stress factors such as irregular working hours, time differences, operational demands and high passenger safety responsibilities.

Objectives: We aimed to evaluate the mental health of Tunisian flight crews working for a private airline.

Methods: This is an exhaustive cross-sectional study which included all flight crews working for a private airline in Tunisia who consulted the occupational medicine and pathology department at the Farhad Hached University Hospital in Sousse as part of their periodic check-up. Data collection was based on a pre-established questionnaire which included socio-demographic data, lifestyle habits and professional data. The DASS21 questionnaire was used to assess depression, anxiety and stress.

Results: Our study included 160 participants. The median age was 42 years with a female predominance. More than half were smokers (58.8%). Alcohol was consumed by 41.3% of flight crews. The vast majority drank coffee (84.4%). With regard to professional data, 71.3% were flight attendants. The median length of service was 15 years. The majority of participants had operated a medium-haul flight (< 5 hours) during the last month (65%). The majority of participants (85.6%) had a normal depression score. Almost a third of the participants (28.5%) had anxiety scores ranging from mild to 24 to extremely severe in one patient. The majority of flight crews

had a normal stress score (90%). After multivariate analysis, unmarried marital status, working more than 2 days a week and stress were factors independently associated with anxiety.

Conclusions: Work-related psychosocial risks can have a major impact on workers' mental health. It is therefore essential to take these risks into account and put in place preventive measures to protect workers' mental health and promote their well-being at work.

Disclosure of Interest: None Declared

EPV0422

Emotional reactivity to daily events in adolescents with clinical depression and subthreshold depression: an experience sampling study

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Introduction: Adolescents with depression have distinct affective reactions to daily events, but current research is controversial. The emotional context insensitivity theory suggests blunted reactivity in depression, whereas the hypotheses of negative potentiation and mood brightening effect suggest otherwise. While nonlinear associations between depression severity and affective reactivity have been observed, studies with a separate subclinical group remain rare. Subthreshold depression (SD), defined by two to four symptoms lasting for two weeks or more, provides a dimensional view to the underpinnings of affective reactivity. In this study, we compared positive affect (PA) and negative affect (NA) reactivity to positive and negative daily events (uplifts and stress) among adolescents with Major Depressive Disorder (MDD), SD and healthy controls (HC) using experience sampling methods (ESM).

Objectives: We hypothesized a stepped difference in affective reactivity along the depression spectrum: the MDD group will have the strongest reactivity of PA and NA to uplifts and stress, followed by SD and HC.

Methods: Three groups (MDD, SD, and HC) of adolescents were recruited from an epidemiologic sample entitled 'Hong Kong Child and Adolescent Psychiatric Epidemiologic Survey: Age 6 to 17'. Group status was determined by the Diagnostic Interview Schedule for Children Version 5. They completed an experience sampling diary on smartphone for 14 consecutive days, with 5-10 entries per day. Momentary levels of PA (happy, relaxed, contented), NA (irritated, low, nervous), uplifts and stress experienced before the entry were measured on a 1-7 Likert scale.

Results: The sample consisted of 19 adolescents with MDD, 30 with SD, and 59 HC. The M:F ratio was 17:19. The age range was 12-18 with a mean of 14.8. The overall ESM completion rate was 46%. The MDD group had the highest levels of stress and NA, and the lowest levels of uplifts and PA, followed by the SD and HC groups respectively ($p < 0.01$). Across groups, levels of PA were positively

associated with uplifts and negatively associated with stress, whereas levels of NA were positively associated with stress and negatively associated with uplifts. The Group x Uplift interaction effect on PA was significant, with greater PA reactivity in SD ($p < 0.01$) and MDD ($p = 0.07$) when compared with HC. The Group x Uplift interaction effect on NA was significant, with greater NA reactivity in SD than HC ($p < 0.01$). The Group x Stress interaction effect on PA was significant, with greater PA reactivity in SD than HC ($p < 0.01$) and MDD ($p < 0.01$). The Group x Stress interaction effect with NA is non-significant.

Conclusions: Contrary to our hypothesis, adolescents with SD experienced strongest PA and NA reactivity in uplifts and PA reactivity in stress. It provides evidence towards a nonlinear relationship between severity of depression and affective reactivity.

Disclosure of Interest: None Declared

EPV0423

Tolerability of intranasal esketamine, a case series of 15 patients

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Introduction: Intranasal esketamine has recently been approved for the treatment of treatment-resistant depression in adults, with different studies showing its efficacy and tolerability. However, the real-world tolerability of this treatment is still unclear.

Objectives: Evaluate the tolerability of intranasal esketamine in a case series of 15 patients.

Methods: Our case series includes 15 patients, who received treatment with intranasal esketamine during 2022-2023. In order to evaluate the tolerability of intranasal esketamine, patients were asked to complete the TSQM and a side effect questionnaire on different moments of the treatment (one week, six weeks and six months after the beginning of the treatment).

Results: The most common adverse effects were dissociation, dizziness, and somnolence, which resolved within the hours following the administration. All of them were mild or moderate in severity, having a minor impact on the patient, so none of the patients discontinued the treatment due to adverse effects. Other adverse effects noticed were: transitory increment of blood pressure in several patients, and worsening of obsessions in a patient with previous obsessive-compulsive symptoms.

Conclusions: Our data suggests that intranasal esketamine is well tolerated, with transient and mild adverse effects. In all cases the risk-benefit ratio must be evaluated, but until more studies are done, it seems to be a safe treatment for treatment-resistant depression.

Disclosure of Interest: None Declared