

Conclusions: Psychoactive substance use has become a growing problem among residents in Tunisia. The associated factors should attract attention to identify these subjects.

Disclosure: No significant relationships.

Keywords: substance use; medical residents; Tunisia

Personality Disorders / Depressive Disorders 05

EPP0779

Psychopathological and clinical-typological aspects of youth chronic endogenous depression.

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Introduction: Youth ontogenesis contributes significantly to depressive disorders, causing pronounced atypia, a high level of comorbid pathology. A long-term depressive state lead can to persistent, adverse consequences.

Objectives: To study the clinical, psychopathological and psychometric features of youth chronic endogenous depression (UCED).

Methods: 62 patients of the age 16-25 were examined clinically and psychopathologically; the patients were first hospitalized from 2017 to 2020 for a chronic depressive state with non-psychotic mental disorders (ICD-10: F31, F32, F33, F34, F21 keys) lasting more than two years. Psychometric assessment was done by HDRS, SOPS, and SANS.

Results: UCED are characterized by a pronounced atypia with a predominance of symptoms for negative affectivity with apathy, anhedonia, physical and mental asthenia, depressive devitalization. In contrast with non-chronic youth depressions, cognitive disorders, motor inhibition, a large proportion of comorbid pathology are presented in the chronic ones. Depending on the prevalence of additional psychopathological disorders, 2 types were distinguished: Type I – depression with a clear-cut affective psychopathological structure (54.8%, 34 patients); Type II - depression with the symptoms of other than affective registers (45.2%, 28 patients). Psychometric assessment on the HDRS scale, in the sub-scale “negative symptoms” of the SOPS scale, in the sub-scale “anhedonia-associality” of the SANS scale showed a greater severity of psychopathological symptoms in type II depression ($p < 0.05$).

Conclusions: The obtained data confirm the differences between UCED and non-chronic youth depressions and demonstrate the aggravating effect of symptoms of the non-affective spectrum on the severity of UCED and the level of negative affectivity.

Disclosure: No significant relationships.

Keywords: chronic depression; youth; persistent depressive; dysthymia

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Resistance or pseudo-resistance?

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Introduction: Treatment-Resistant Depression continues to represent a great challenge for clinicians.

Objectives: We investigated patients with history of resistance, assessing prognostic factors, response to treatments, and remission over time.

Methods: We recruited 202 unipolar and bipolar depressed inpatients. According to anamnestic backgrounds, patients were assigned to: A) *Non-resistant*: responders, with no characteristics of resistance in the current episode. B) *Resistant*: resistant to two antidepressant trials of adequate doses and duration. C) *Pseudo-resistant*: non-responders, not classifiable as *Resistant* because of inadequate trials. During hospitalization, patients were treated by clinical judgment, following a rehabilitation program.

Results:

