

measured clinical changes with MADRS Scale (Montgomery-Asberg Depression Rating Scale) at different times.

**Results:** From the fifth administration of esketamine the patient presented a clear improvement. At three months, the score on the MADRS scale improved markedly and at 6 months, the patient reported euthymia.

Score MADRS:

- Basal 46
- 3 Months 14
- 6 Months 1

As for the adverse effects, the patient presented in all administrations very mild dizziness.

**Conclusions:** The use of esketamine is a new therapeutic approach, being fast, safe and well tolerated in patients with depression who do not respond to other treatments (Sapkota A et al. Efficacy and Safety of Intranasal Esketamine in Treatment-Resistant Depression in Adults: A Systematic Review. *Cureus*.2021 Aug 21;13(8)). In our patient has proven to be effective and fast.

**Disclosure of Interest:** None Declared

## EPV0417

### Deafness and depression in the workplace: is there an association?

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doi: 10.1192/j.eurpsy.2024.1123

**Introduction:** Chronic exposure to damaging noise can lead to hearing loss . People suffering from hearing problems find it increasingly difficult to communicate and become withdrawn. This lack of contact can lead to the onset of anxiodepressive disorders .

**Objectives:** To study the epidemiological and clinical particularities of hearing loss in patients with psychoaffective disorders.

To study the impact of this association on the medical aptitude for work.

**Methods:** Retrospective descriptive study of depressive patients with hearing loss who consulted the Occupational Medicine Department at Charles Nicolle Hospital over a six-year period from January 2016 to November 2022.

**Results:** Out of 150 patients with hearing loss who consulted our service, 10 patients had an axio-dépressive disorder . Seven were men and three were women. The mean age was  $43 \pm 5$  years and the mean job seniority was 11 years [3-20]. they belonged to the telecommunications (n=6), industry (n=2), printing(n=1), and transport sectors (n=1) . The job positions were : teleconsultant (n=6), operator machine (n=3) and driver (n=1) the symptoms presented by the patients were hearing loss (n=4), otalgia (n=1) , dizziness (n=1), tinnitus(n=1) . The average time to onset of symptoms was  $13 \pm 8$  years [1-35] . The hearing deficits presented by the

patients were: sensorineural hearing loss (n=7), mixed hearing loss (n=1) and conductive hearing loss (n=2). The mean of Hearing loss were  $34 \pm 9$  dB in the right ear and  $34 \pm 6$  dB in the left ear . A declaration of the deafness as an occupational disease was indicated in two of the cases. the univariate statistical study showed that anxiety-depressive disorders were associated with tinnitus ( $p=0,036, OR=4,2[0,99-17,659]$ ) and the position of teleconsultant ( $p=0,009, OR=5,622[1,338-23,627]$  . Eviction from exposition to noise was indicated in seven cases

**Conclusions:** According to our study, hearing loss in patients with anxio-depressive disorders is associated with tinnitus and teleconsultant job position . Early screening early screening of people at risk is recommended.

**Disclosure of Interest:** None Declared

## EPV0418

### Attachment disturbance in women with depressive spectrum disorder, its connection with hostility

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doi: 10.1192/j.eurpsy.2024.1124

**Introduction:** The results of the study of psychological factors of hostility in depression are presented. The topicality of the study is due to hostility considered, on the one hand, as a property of depression, and on the other hand, as a risk factor, associated with the likelihood of auto-aggressive behavior.

**Objectives:** The aim of the study was to analyze the relationship between hostility and attachment disorders in endogenous depression.

**Methods:** The study involved 49 patients with depressive disorder (mean age  $19,8 \pm 4,5$ ). All patients were assessed using the Hamilton Depression Rating Scale (HDRS-17 mean  $21,03 \pm 6,02$ ). All completed the following methods: Revised Experiences in Close Relationships (ECR-R); Symptom Check List-90-Revised (SCL-90R); Aggression Questionnaire by Buss and Perry (BPAQ); I-structural test by G. Ammon (ISTA). According to the "depression" parameter of the SCL-90R, the group was divided into subgroups with high and medium severity of depression. Analysis of variance (ANOVA) or Mann-Whitney test were. Correlation analysis (Spearman) and stepwise multiple regression analysis were also used.

**Results:** At high levels of depression, the indicators of "hostility", "destructive" and "deficit aggression" are statistically significantly higher. The severity of depression significantly correlates with the severity of "anxiety" in attachment (close relationships), as well as with pathological "narcissism", "destructive external self-delimitation", "deficient internal self-delimitation".

For the measure of depression, regression analysis showed that the regression model explained more than 76% of the variance, with the measures of "interpersonal sensitivity", "deficit narcissism", and "avoidance" in attachment making significant contributions. For the "hostility" the regression model explains about 62% of the

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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doi: 10.1192/j.eurpsy.2024.1125

**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.

**Disclosure of Interest:** None Declared

## EPV0420

### Depression, anxiety and stress among flight crews in Tunisia

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doi: 10.1192/j.eurpsy.2024.1126

**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