

**EPP0642****Clinical evaluation of Major Depressive Disorder (MDD) and Borderline Personality Disorder (BPD) in youth adolescents.**

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**Introduction:** According to international studies, at least 70% of BPD in adolescence are comorbid with MDD.**Objectives:** To determine the clinical and psychopathological markers of MDD in BPD in adolescence.**Methods:** Clinical psychopathological interview, SCID-II, Hamilton Depression Rating Scale (HDRS). Sample: N=73 male and female, age: 18-25 with MDD and BPD.**Results:** MDD comorbid with BPD in adolescence is characterized by polymorphism of its' psychopathological manifestations due to the structure of BPD and the input of the age factor. In the studied sample 31 (42,5%) with both MDD and BPD also revealed addictions; 24 patients (32,9%) - anxiety and obsessive-compulsive (OCD) disorders, 18 patients (24,7%) had overvalued ideas. The high contingency of MDD with autoaggressive actions confirmed their high suicidal risk (53 patients). Among them - 31 patients (58,5%) - had non-suicidal self-harm (NSSI), 7 patients - (13,2%) had suicidal attempt (SA), and 15 patients (28,3%) had NSSI and suicidal attempts (NSSI+SA). The highest incidence of NSSI and NSSI+SA was noted in MDD with addictive disorders: NSSI - N=20 (80,00%), NSSI+SA - N=5 (20,00%), SA - N=0. MDD with BPD and anxiety disorders: NSSI - N=9 (56,25%), NSSI+SA - N=6 (37,50%), SA - N=1 (6,25%). MDD with BPD and overvalued ideas: NSSI - N=2 (16,67%), NSSI +SA - N= 4 (33,33%), SA N=6 (50,0%), (results  $p < 0.01$ ).**Conclusions:** Psychopathological relations between BPD and MDD in youth are different due to additional comorbid conditions, like addictions, anxiety and OCD, overvalued ideas and have clinical implications in terms of suicidal and NSSI risks, individualized interventions and prognosis.**Disclosure:** No significant relationships.**Keywords:** major depressive disorder; nonsuicidal self-injury; suicidal behaviour; borderline personality disorder**EPP0639****Comparative analysis of plasma metabolomics markers in patients with major depressive disorder and healthy controls**C. Homorogan<sup>1\*</sup>, D. Nitusca<sup>1</sup>, V. Enatescu<sup>2</sup>, C. Moraru<sup>3</sup>, C. Socaciu<sup>3</sup> and C. Marian<sup>1</sup><sup>1</sup>Victor Babes University of Medicine and Pharmacy, Biochemistry, Timisoara, Romania; <sup>2</sup>Victor Babes University of Medicine and Pharmacy Timisoara-Discipline of Psychiatry, Timisoara, Romania and Eduard Pamfil Psychiatry Clinic, Timisoara County Hospital, Psychiatry, Timisoara, Romania and <sup>3</sup>RTD Center of Applied

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**Introduction:** Mood disorders, including depression, are diseases associated with an increased risk of several metabolic alterations. Metabolomics studies have proved their potential for detecting novel biomarkers of psychiatric diseases.**Objectives:** To analyze the plasma metabolite profiling of patients with major depressive disorder (MDD) compared to healthy controls.**Methods:** The blood samples were collected from 11 patients diagnosed with MDD and 11 healthy controls, and plasma was separated by centrifugation. The profiles of the metabolites in the plasma samples were determined by Ultra-High Performance Liquid Chromatography-Quadrupole Time of Flight Electrospray Mass Spectrometry (UHPLC-QTOF-MS) in positive mode. The chromatograms were processed by Compass DataAnalysis 4.2 using the Find Molecular Feature (FMF) method and Profile Analysis 2.1 (Bruker, Daltonics) was further used for matrix generation. The MetaboAnalyst online software was used for univariate and multivariate analysis. The mass/charge ratio (m/z values) determined by biostatistics were identified from the Lipidomic Gateway ([www.lipidmaps.org](http://www.lipidmaps.org)) and Human Metabolomic Data Base ([www.hmdb.ca](http://www.hmdb.ca)).**Results:** We found 14 metabolites which could discriminate between cases and controls, having an area under the curve (AUC) in the receiver operating characteristic (ROC) analysis of higher than 0.6. Among these, only two metabolites passed the  $p < 0.05$  threshold of statistical significance, one being 2.5 more abundant ( $p < 0.001$ ) in the plasma of MDD patients compared to controls and the other being 1.7 more abundant ( $p = 0.005$ ) in MDD patients compared to controls.**Conclusions:** The only metabolite that passed the false discovery rate correction was putatively identified from the metabolomics database as being the phosphatidylcholine PC (16:0/16:0).**Disclosure:** No significant relationships.**Keywords:** metabolomics; Depression**EPP0642****Development the societal preference-based utility value set for the Patient Health Questionnaire depression scale in Hungary**

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**Introduction:** Depression is associated with high impact on health-related quality of life (HRQoL). Health state valuations are used for cost-effectiveness analysis to provide results for health-policy interventions.**Objectives:** The study aims to estimate a population-based value set of depression described by Patient Health Questionnaire (PHQ-9). We intend to assess vignettes describing PHQ-9 health states to estimate utility values**Methods:** Current research elicited direct utility scores using time trade-off (TTO) method obtained from the Hungarian general

population (N=2,000). TTO vignettes were created to describe hypothetical health states of depression based on the nine items of PHQ-9. The hypothetical health states were sorted orthogonally in 11 blocks, each containing 4 vignettes (combinations of no; mild; moderate; severe depression). All respondents valued the four health states of one randomly given block. Conventional TTO method was applied, using a 10-year timeframe, while the first iteration step was randomized to 1,3 and 5 year. Preference weights were estimated using regression model fitted to TTO utility results.

**Results:** Altogether 1,999 respondents valued overall 34 different health states. The mean age was 47.3 (16.9) years, the majority was female (57.2%). Nearly half of the respondents were secondary educated 45.4%, 27.3% higher educated and 27.2% completed primary school. The mean TTO utility of selected mild, moderate and severe depression was: 0.83; 0.82 and 0.77 respectively.

**Conclusions:** Our results constitute the first population-based value set for PHQ-9. Utility scores give useful information for cost-effectiveness assessments. Estimates provide preference-based quality of life weights for the Hungarian population.

**Disclosure:** No significant relationships.

**Keywords:** time trade-off; PHQ-9; health state measurement; value set

## EPP0644

### Association of Psilocybin Use in Adolescents with Major Depressive Episode

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**Introduction:** Psilocybin is a psychedelic drug found in mushrooms, often referred to as magic mushrooms due to its visual and auditory hallucinations effects upon ingestion. It is a Schedule I drug per DEA, and the FDA has not approved psilocybin for medicinal purposes. However, recent studies have shown promising therapeutic use to treat depression.

**Objectives:** To identify current use, prevalence, and its association with depression in adolescents.

**Methods:** The National Survey on Drug Use and Health survey data from 2008-18 studied adolescent data (12-17 years), who responded, "ever used psilocybin (mushrooms)" and "lifetime major depressive episode (MDE)." The association between the psilocybin use and MDE status was analyzed in SAS 9.4 through multivariate logistic regression for odds ratio (OR) and 95% confidence interval (CI).

**Results:** A total of 172745 adolescents were included in this study, of which 2469 ever used psilocybin in their lifetime, and 170276 responded no lifetime use. The psilocybin ever lifetime users were 17 years old (42%vs.17%, $p<0.001$ ), male (60%vs.51%, $p<0.001$ ), and non-Hispanic White (71%vs.55%, $p<0.001$ ) in comparison to non-users. Among psilocybin user group, 31% of respondents had lifetime MDE, compared to 16% of the lifetime psilocybin non-user group participants ( $p<0.001$ ). The odds of association of psilocybin use among participants with MDE were 2.17 times compared to those without MDE (CI: 1.93-2.44, $p<0.001$ ).

**Conclusions:** We identified a significant association between psilocybin use and MDE among adolescents, which raises public health concerns about its illegal use, abuse, and toxicity potential. Future clinical studies should assess its clinical safety, efficacy, and addictive properties.

**Disclosure:** No significant relationships.

**Keywords:** MDD; Psilocybin; Depression; Adolescents

## Women, Gender and Mental Health 03

### EPP0645

#### Empathy and the Underlying Psychosocial Basis of Aggressive Behavior and Sexual Trauma.

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**Introduction:** The reports on the adverse impact of sexual trauma on mental health are known to the medical community. In workplaces where power hierarchy is an essence for the establishment, like the military, there has been a tsunami of reports on sexual trauma. Empathy plays a defining role in human relationships and development.

**Objectives:** To explore the relationship between power and empathy by studying the prevalence of sexual assault among our population of women veterans who report their sexual assault occurred by a higher rank serviceman.

**Methods:** A retrospective chart review was conducted in Women Health Clinic over 11 months period. A total of 117 charts were reviewed from 03/2019 to 02/2020. The information of 42 patients with sexual trauma was tabulated on an excel spreadsheet.

**Results:** 25 (59%) of 42 patients had military sexual trauma (MST). Of 25 who reported MST, the majority, 17 (72%), said trauma was from a serviceman with a higher status, and 2 (8%) were from the same rank. The distribution of military divisions was 14 (56%) army, 5 (20%) navy, and 4 (16%) were from the air force.

**Conclusions:** Correlation between the prevalence of assaultive behavior and a higher status in rank was demonstrated in a sample of women veterans. 72% reported the higher rank servicemen caused the sexual offence. Our finding supports that a higher position in status is likely a determining factor for aggressive behavior. There is an opportunity to turn our attention to education and staff training to help them improve their compassion and empathy.

**Disclosure:** No significant relationships.

**Keywords:** Sexual trauma; Empathy; Power; Me too movement

### EPP0646

#### Case series: Psychosocial challenges of female youth within the Irish travelling community.

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