

Objectives: This study aimed to find whether early-onset depression had an association with specific clinical symptoms, comorbid psychiatric disorders and family history of mood disorders.

Methods: This pilot cross-sectional, multicenter study was performed under the supervision of the Russian National Consortium for Psychiatric Genetics. Early-onset depression was defined as the first depressive episode before the median age of onset in the sample (Me=29 years). Logistic regression models were used to determine the independent association of early-onset depression, after adjusting for the effects of sex and age, with binary characteristics.

Results: A total of 172 patients with depression were enrolled in the study (64.5% women; age - 40.9 (15.9) years). Early-onset depression was associated with psychomotor retardation ($p=0,025$; OR=2,3; 95%CI [1,1 - 4,9]), decreased libido ($p=0,014$; OR=2,8; 95%CI [1,2 - 6,2]), and lower prevalence of weight loss/decreased appetite ($p=0,011$; OR=0,4; 95%CI [0,2 - 0,8]). No associations were found with the history of comorbid psychiatric disorders and the family history of mood disorders.

Conclusions: Early-onset depression is associated with specific neurovegetative symptoms. Further clinical and genetic studies are needed to evaluate the specific effects of age at onset of depression on its clinical course.

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Keywords: Depression; Family history; age at onset; Neurovegetative Symptoms

EPP0059

Mentalizing abilities and serum lipid levels in adult MDD patients with childhood maltreatment – preliminary results

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Introduction: Childhood maltreatment (CM) contributes to negative mental and physical health outcomes including major depressive disorder (MDD), and an elevated risk for cardiovascular disease (CDV) in adults. Also, childhood maltreatment can be related to mentalizing deficits in MDD. Cardio-metabolic diseases often coincide with MDD and worsen its course and outcome. Little is known on the interplay of these factors.

Objectives: We examined MDD patients with and without CM to explore the effects of CM on serum lipid and lipoprotein levels and assessed their mentalizing abilities. Self-oriented mentalizing was operationalized as emotional self-awareness/alexithymia, other-oriented mentalizing was defined as theory of mind (ToM).

Methods: MDD patients (N=42) and healthy controls (n=20) matched in age, sex, and lifestyle were investigated. Total cholesterol, triglycerides, high- and low-density lipoproteins (HDL-C and LDL-C), body mass index, and exercise in a typical week were measured. Beck Depression Inventory, Childhood Trauma Questionnaire, Toronto Alexithymia scale, and the Reading the mind in the Eyes Test were used to assess clinical symptoms, mentalizing abilities and CM.

Results: After controlling for depressive symptom severity, demographic and lifestyle variables, CM was found to be a strong predictor of serum lipid alterations. Mentalizing deficits correlated with CM. Serum triglycerides, HDL-C were significant predictors of ToM performance ($P<0.05$, and $P=0.005$) and alexithymia ($P<0.05$, and $P<0.05$) in the MDD group.

Conclusions: Several, inter-correlated pathways may mediate the undesirable effects of CM on the course and outcome of MDD. According to our preliminary results, diminished self-awareness and ToM can be possible mediating factors.

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Keywords: major depressive disorder; childhood maltreatment; mentalizing; serum lipid levels

EPP0060

Cognitive impairment and frailty in depressed elderly

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Introduction: Cognitive frailty has recently been defined as the co-occurrence of physical frailty and cognitive impairment. Late-life depression (LLD) is associated with both physical frailty and cognitive impairment, especially processing speed and executive functioning.

Objectives: The objective of this study was to investigate the association between physical frailty and cognitive functioning in depressed older persons.

Methods: A total of 378 patients (>60 years) with depression according to DSM-IV criteria and a MMSE score of 24 points or higher were included. The physical frailty phenotype was examined as well as its individual criteria (weight loss, weakness, exhaustion, slowness, low activity). Cognitive functioning was examined in 4 domains: verbal memory, working memory, interference control, and processing speed.

Results: Of the 378 depressed patients (range 60-90 years; 66.1% women), 61 were classified as robust (no frailty criteria present), 214 as prefrail (1 or 2 frailty criteria present), and 103 as frail (>3 criteria). Linear regression analyses, adjusted for confounders, showed that the severity of physical frailty was associated with poorer verbal memory, slower processing speed, and decreased working memory, but not with changes in interference control.

Conclusions: Physical frailty in LLD is associated with poorer cognitive functioning, although not consistently for executive functioning. Future studies should examine whether cognitive impairment in the presence of physical frailty belongs to cognitive frailty and is indeed an important concept to identify a specific subgroup