to peers without body modifications. No studies on body modifications and core-symptoms of ADHD are available.
Objectives: This study aimed to compare self-reported ADHD symptoms between non-clinical adults with and without body modifications.
Methods: A non-clinical adult Swedish population (n=815) completed the Adult ADHD self-report scale (ASRS-v1.1) and answered questions concerning body modification. ADHD diagnosis served as exclusion criterion. Three grouping variables were analysed separately; tattoo status, piercing status and a combination of having both tattoo and piercing. Linear regression compared mean ASRS total- and subscale scores between individuals with and without body modification according to each grouping variable, while adjusting for candidate covariates age and sex.
Results: The prevalence of each body modification variable was; 30% for tattoo, 18% for piercing other than earlobe and 12% for combination of tattoo and piercing. Any combination of body modification was associated with significantly higher ASRS total- and subscale scores compared to no body modification. The most pronounced differences between groups were for the combination of tattoo and piercing, and on the hyperactivity/impulsivity (HI) subscale; revealing adjusted mean differences of 4.3 points (range 0-72) on the ASRS-total score ($p < 0.001$) and 2.6 points (range 0-36) on the ASRS HI subscale ($p < 0.001$).
Conclusions: Body modification was associated with more pronounced ADHD core symptoms amongst non-clinical adults. Although statistically significant, the clinical significance is uncertain. The prevalence rates of body modifications in our cohort indicate that they are becoming cultural normal.

Disclosure: No significant relationships.
Keywords: body piercing; Impulsivity; Attention Deficit Disorder with Hyperactivity; tattoing

O0058

Longitudinal effects of antidepressant treatment on resting state functional connectivity in adolescents with major depressive disorder

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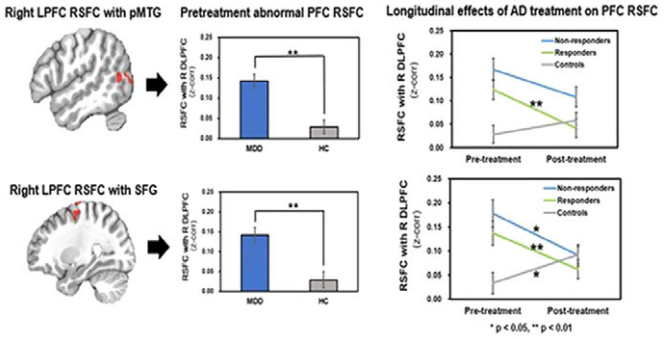
Introduction: Adolescents with major depressive disorder (MDD) often show reduced prefrontal functional connectivity with the subcortical regions than healthy controls (HC) (Tang et al., 2018). However, relatively little is known about longitudinal effects of antidepressant (AD) treatment on resting state functional connectivity (RSFC) in the prefrontal cortex (PFC).
Objectives: This study aimed to investigate abnormal PFC RSFC in MDD adolescents compared to HC and longitudinal effects of AD on PFC RSFC.
Methods: This study included 59 adolescents with MDD and 43 HC. MDD adolescents were treated with escitalopram in an 8 week, open-label trial. The treatment outcome was assessed by Children's Depression Rating Scale (CDRS-R) and patients showing at least a 40% improvement in CDRS-R scores from baseline to week 8 were defined as "responders". Functional and T1 images collected before and after treatment were processed using AFNI and Freesurfer. Our seed was the lateral PFC (LPFC, BA46). T-tests and repeated measures ANCOVAs, controlling for age and IQ, were conducted to examine abnormal PFC RSFC and longitudinal effects of AD on LPFC RSFC.
Results: Relative to HC, MDD showed increased LPFC RSFC with the posterior middle temporal gyrus (pMTG) and superior frontal cortex (SFG) involved in attentional networks. Responders showed greater changes in LPFC RSFC with the MTG and SFG after AD treatment compared to non-responders and HC (Figure 1).



Conclusions: Our finding suggests that reduced LPFC RSFC with the pMTG and SFG reflecting decreased attentional network connectivity may serve as a biomarker to predict AD treatment outcome in adolescents with MDD.

Disclosure: No significant relationships.
Keywords: adolescence; major depressive disorder; resting-state functional connectivity; antidepressant treatment

Depressive Disorders / Training in Psychiatry

O0059

Bipolar disorder correlated to shorter remission latency and borderline personality disorder symptom severity to longer in depression – a prospective cohort study of major depressive patients

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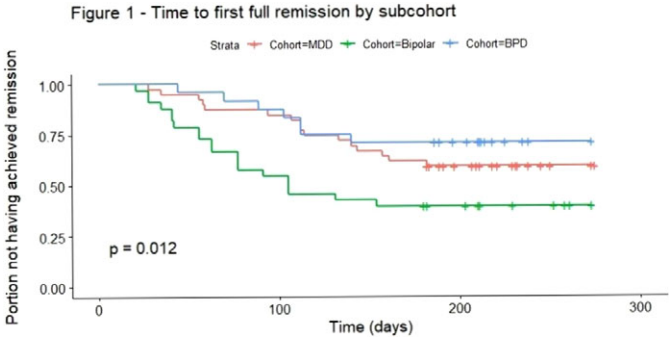
Introduction: Major depressive episodes (MDE) occur in major depressive (MDD) and bipolar disorders (BD), and are frequently complicated by borderline personality disorder (BPD). Mixed affective symptomatology is a hallmark of BD, and affective lability of BPD; both may markedly influence illness course. However, direct comparisons of outcome of depression in MDD, BD and BPD are scarce.

Objectives: To investigate course of illness and outcome of depression in MDD, bipolar and borderline patients.
Methods: In this six-month, prospective cohort study of secondary-level psychiatric MDE patients (n = 95), after initial assessment, the patients (N = 95) completed biweekly online assessments of mood symptoms. We divided the follow up period into qualitatively different mood state periods based on multiple prospective information sources. We examined mixed affective symptoms and borderline symptom severity dimensionally. Outcomes assessed included clinical course, time to first full symptomatic remission, and factors predicting these.
Results: Remission rates according to DSM-5 were similar in MDD, MDE/BD and MDE/BPD patients. Bipolar patients experienced more shorter qualitatively distinct mood state periods during follow-up than the others. Bipolar disorder was associated with shorter (HR = 2.44, 95% CI = 1.27–4.67, see fig. 1) and dimensionally assessed BPD severity with longer time to first remission (HR = 0.95 per point., CI = 0.91–1.00).



Conclusions: Course of illness differs between the three depressive groups in the medium term. Bipolar depressive patients have the most alternating course and the shortest time to first remission. Dimensionally assessed severity of BPD may be prognostic of longer depressive remission latency.

Disclosure: I am employed by a psychiatric treatment provider, treating e.g. patients suffering from depression, bipolar disorder and borderline personality disorder.
Keywords: bipolar disorder; outcome; Depression; borderline personality disorder

O0060

Integrating services to improve the return-to-work process in depression or anxiety: results from a three-arm parallel randomized trial

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Introduction: Depression and anxiety are very frequent and associated with high societal costs, much suffering and functional impairment. Employment is essential and pivotal recovery after sick-leave. In many countries, health care interventions are delivered separately from vocational rehabilitation services. This fragmented placement of interventions often implies lack of coordination, creating despair among sick-listed persons.
Objectives: The aim of this trial was to investigate an integrated mental health care and vocational rehabilitation intervention to improve and hasten the return-to-work process among people sick-listed with anxiety or depression.
Methods: In this RCT, participants were randomly allocated to A) integrated interventions (INT), B) improved mental health care (MHC) or B) service as usual (SAU). Primary outcome was time to return-to-work during 12-month. Secondary outcomes were time to return-to-work at 6-month follow-up; levels of anxiety, depression, stress symptoms and social and occupational functioning at 6-month follow-up; and return-to-work measured as proportion in work at 12-month follow-up.
Results: 631 individuals randomized. INT showed higher proportion in work compared with both SAU and MHC at the 12-month follow-up. We found no differences regarding return-to-work time at either the 6- or 12-month follow-up. No differences in symptoms between SAU, MCH or INT were detected, but MHC and INT showed lower scores on Cohen's perceived stress scale compared with SAU at 12-month follow-up.
Conclusions: Although INT did not hasten return-to-work, it yielded higher proportion in work compared with MHC and SAU.

Disclosure: No significant relationships.
Keywords: integrated care; Depression; vocational rehabilitation; Anxiety

O0061

The effect of emotion recognition and mindfulness on depression symptoms: A case-control study

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Introduction: Abnormalities in emotion recognition (ER) are frequently reported in depression, with lowered recognition accuracy in patients with major depressive disorder (MDD) when compared to healthy individuals. Mindfulness was found to directly impact the severity of depressive symptoms, by negative cognition and dysfunctional reaction recognition.
Objectives: The aims of this study were to compare ER and mindfulness levels between MDD patients and healthy controls (HC), as well as to examine whether ER and mindfulness are related to symptom severity in MDD patients.
Methods: 68 patients with MDD and 93 HC participated in the study. A sociodemographic form, Reading the Mind in the Eyes Test (RMET), Five Facet Mindfulness Questionnaire-Short Form (FFMQ-S) and the Montgomery Asperg Depression Scale (MADRS) were administered. Group comparison in ER and mindfulness was assessed using the Multivariate analysis of covariance (MANCOVA). Bivariate correlations and multiple linear regression analyses were performed to assess the associations between depression severity, ER and mindfulness in the patient group.
Results: Better ER and higher levels of mindfulness were found in HCs relative to the MDD group. A positive association between depression severity and the non-reactivity facet of mindfulness was