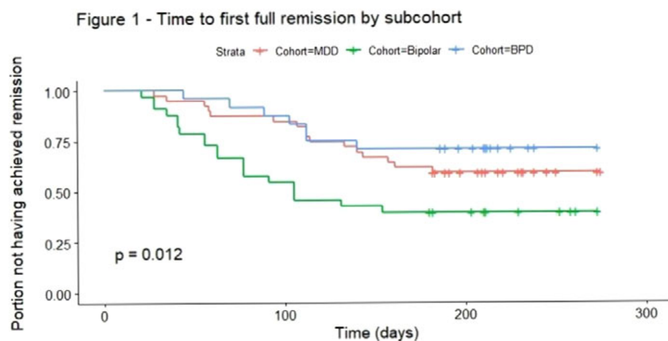
**Objectives:** To investigate course of illness and outcome of depression in MDD, bipolar and borderline patients.
**Methods:** In this six-month, prospective cohort study of secondary-level psychiatric MDE patients (n = 95), after initial assessment, the patients (N = 95) completed biweekly online 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

A. Hoff

Capital Region Psychiatry, CORE - Copenhagen Research center for Mental Health, Capital Region Mental Health Services, KØBENHAVN N, Denmark
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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

O. Aydın[1], S. Tvrtkovic[1]*, E. Çakıroğlu[2], P. Ünal-Aydın[1] and A. Esen-Danacı[2]

[1]International University of Sarajevo, Psychology, Ilidza, Bosnia and Herzegovina and [2]Celal Bayar University, Psychiatry, Manisa, Turkey
*Corresponding author.
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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

found, indicating that in the MDD group non-reactivity was a significant predictor for depression severity. On the other hand, ER was not significant in predicting symptom severity.
**Conclusions:** Non-reactivity, unlike other dimensions of mindfulness, seems to increase with the severity of depressive symptoms among MDD patients. To particularly focus on this subdimension in mindfulness techniques may yield better outcomes in alleviation of depressive symptoms.

**Disclosure:** No significant relationships.
**Keywords:** Depression; symptom severity; Emotion recognition; Mindfulness

## O0062

## Mother and father depression symptoms and child emotional difficulties: a network model

A. Martin[1]*, D. Konac[1], B. Maughan[2] and E. Barker[1]

[1]King's College London, Department Of Psychology, Institute Of Psychiatry, Psychology And Neuroscience, London, United Kingdom and [2]King's College London, Sgdp, Institute Of Psychiatry, Psychology And Neuroscience, London, United Kingdom
*Corresponding author.
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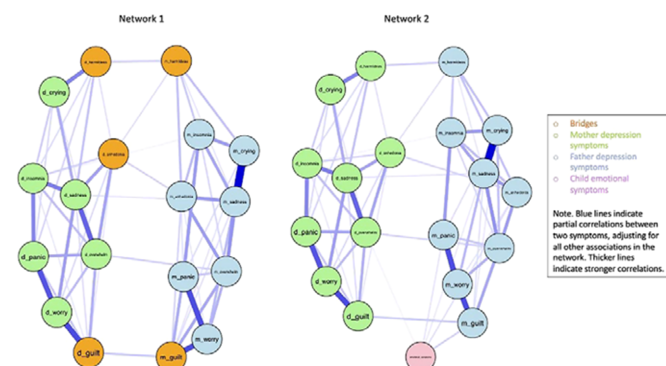
**Introduction:** Enhancing understanding of depression symptom interactions between parents and associations with subsequent child emotional difficulties will inform targeted treatment of depression to prevent transmission within families.
**Objectives:** To use a network approach to identify 'bridge' symptoms that reinforce mother and father depression, and whether bridge symptoms, as well as other symptoms, impact subsequent child emotional difficulties.
**Methods:** Symptoms were examined using two unregularized partial correlation network models. The study included 4,492 mother-father-child trios from a prospective, population-based cohort in the United Kingdom. Mother and father reports of depression symptoms were assessed when the child was twenty-one months old. Child emotional difficulties were reported by the mother at ages nine, eleven and thirteen years.
**Results:** Bridge symptoms mutually reinforcing mother and father depression symptoms were feelings of guilt and self-harm ideation, whereas anhedonia acted as a bridge from the father to the mother, but not vice-versa (fig.1, network 1). The symptom of feelings of guilt in mothers was the only bridge symptom which directly associated with child emotional difficulties. Other symptoms that




directly associated with child emotional difficulties were feeling overwhelmed for fathers and anhedonia, sadness, and panic in mothers (fig.1, network 2).

**Conclusions:** Specific symptom interactions are central to the co-occurrence of depression symptoms between parents. Of interest, only one of the bridge symptoms associated with later child emotional difficulties. In addition, specific symptom-to-child outcomes were identified, suggesting that different symptoms in mothers and fathers are central for increased vulnerability in children.

**Disclosure:** No significant relationships.
**Keywords:** Parent-child; Mechanisms; Psychopathology; Internalising

## O0063

## Cognitive correlates of mixed depression

A. Simonetti*, E. Bernardi, G. Bartolucci, O. Ferrara, S. Ruggiero, M. Di Nicola, D. Janiri and G. Sani

Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Department Of Psychiatry, Rome, Italy
*Corresponding author.
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**Introduction:** Mixed depressive states portend greater rates of impulsivity, attempted suicide, treatment resistance, and poorer outcome than non-mixed forms of depression. The neurocognitive bases of such affective states have not been defined yet.
**Objectives:** This work represents an attempt to clarify the neuropsychology underlying mixed depressive states.
**Methods:** Thirty subjects with affective disorders with mixed depression (MxD), 54 subjects with non-mixed depression (nonMxD), 73 euthymic subjects (Eu) and 93 healthy comparisons (HC) underwent a neurocognitive battery including the Trail-Making Test (TMT), the Controlled Word Fluency Test (WFT) and the Semantic Fluency Test (SFT), the Wisconsin Card Sorting Test (WCST, the Rey Auditory Verbal Learning Test RAVLT, the Rey-Osterrieth Complex Figure Test ROCFT, the Raven's Progressive Matrices (RPM), and the Interference Component of the Stroop Test (ST). Between-group differences were performed through multiple one-way analyses of variance. Post-hoc analyses were performed using Tukey post-hoc tests.
**Results:** HC performed better than the three patient groups in all the aforementioned neurocognitive tests. Eu performed better in RPM, TMT, SFT than nonMxD, and better on ST WCST than both nonMxD and MxD. MxD showed better performances in RPM, TMT-A, WCST than nonMxD, and more errors and less reaction times in the ST than nonMxD.
**Conclusions:** Mixed depressive states are characterized by enhanced attentional resources and greater set shifting abilities than non-mixed depressive states. On the other hand, they have less cognitive control than non-mixed depression. Such findings might explain some typical features observed in subjects with mixed depression, such impulsivity, suicidality, emotional reactivity and behavioral dyscontrol.

**Disclosure:** No significant relationships.
**Keywords:** affective disorders; Mixed depression; Neuropsychology; cognitive function