

Introduction: Depressive symptoms are common in patients with Fibromyalgia (FM), a chronic and disabling pain syndrome. Psychological interventions are mostly focused in negative thinking and behavioural activation. However, several studies suggest that personal identity is also affected by FM.

Objectives: We aimed to examine the effects of Personal Construct Therapy (PCT), an idiographic approach that emphasizes identity features and interpersonal construal, on depressive symptoms in women with FM.

Methods: In the context of a multicentre parallel randomized trial (Trial Registry: NCT02711020), 106 women with FM and presenting depressive symptoms were randomized either to either Cognitive Behavioural Therapy (CBT; $n = 55$), taken as a gold standard comparison, or PCT ($n = 51$). In total, 69 patients completed the treatment and the six-month follow-up assessment (CBT = 32 and PCT = 37). Both treatments were applied on case formulation premises.

Results: Linear mixed-effects models were performed to compare depressive symptoms between treatment conditions. Anxiety and pain measures were treated as secondary outcomes. Participants in both conditions significantly reduced their levels of depression and anxiety as well as the impact of FM but no significant between treatment differences were found. Analysis of clinically significant change for depressive symptoms and pain was also similar between both conditions.

Conclusions: PCT resulted equally effective in the treatment of depressive symptoms in women with FM when compared with CBT, both offered in a modular format. Thus, PCT with its focus on identity issues can be considered as an alternative treatment for these patients.

Disclosure: No significant relationships.

Keywords: Fibromyalgia Impact; Treatment Efficacy; Psychotherapy; RCT

EPP0392

The frequency-dependent stimulation effects of rTMS on the performance of problem-solving tasks and ongoing oscillations

E. Miyauchi* and M. Kawasaki

University of Tsukuba, Faculty Of Engineering, Tsukuba, Japan

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.661

Introduction: Recent studies suggest that online repetitive transcranial magnetic stimulation (rTMS) can induce local entrainment of ongoing endogenous oscillatory activity that impacts cognitive performance, and the effect may depend on the function of the oscillation. However, little is known about the effects of task-specific frequencies, especially when using an online rTMS paradigm. Our previous electroencephalogram (EEG) study showed that the frontal theta rhythm is associated with the cognitive giving-up processes during problem-solving tasks.

Objectives: In this study, we combined online rTMS and EEG to examine the frequency-dependent stimulation effects of rTMS on the performance of problem-solving tasks and ongoing oscillations. We hypothesized that rTMS at the theta frequency would induce ongoing theta activity and accelerate the giving-up behaviour.

Methods: rTMS was applied during problem-solving tasks with the following conditions: individual theta (4-6Hz)- and alpha (9-13Hz)-TMS, no-TMS, and sham-TMS; the order of conditions was counterbalanced across participants.

Results: Our results showed that theta-frequency rTMS application induced an increase in theta amplitudes and shortened the giving-up response, while a control alpha-frequency rTMS application induced an increase in alpha amplitudes, but did not change giving-up responses.

Conclusions: This study demonstrated the effectiveness of using specific task-relevant stimulation frequency and target location for the modulation of cognitive and behavioral performance. Furthermore, considering the close resemblance between giving-up behaviour and rumination in depression, neuromodulation of cognitive giving-up processes may lead to a new intervention to treat depression by rTMS.

Disclosure: No significant relationships.

Keywords: EEG; TMS; rumination; theta

EPP0393

Less basal thyrotropin levels predict antidepressant response in patients with major depression

R. Navinés^{1*}, G. Oriolo¹, M. Mora², M. Caverio³, E. Gómez-Gil² and R. Martín-Santos³

¹Hospital Clínic, Ipsi psychiatry And Psychology, Barcelona, Spain;

²Hospital Clínic, Endocrinology And Nutrition, Barcelona, Spain and

³Hospital Clínic, 1department Of Psychiatry And Psychology, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.662

Introduction: The close association among thyroid metabolism, mood disorders and behavior has long been known. The role of basal thyroid axis in antidepressant treatment response is less known.

Objectives: The aim of the present study was to study the association of basal serum thyrotropin (TSH) levels, with antidepressant treatment response in major depressive disorder.

Methods: Thirty-one depressed adult outpatients were included. Major depressive episode was diagnosed through the MINI (DSM-IV-TR) interview. Clinical symptomatology and blood samples were assessed at baseline, and at 4- and 8-weeks of either escitalopram or sertraline. Treatment response was defined by an improvement $\geq 50\%$ in MADRS scores at 4-, and 8-weeks. Basal TSH levels were included in a linear regression model as predictor of treatment response.

Results: Twenty-seven patients finished 8-weeks of treatment. Response to treatment was of 74% at 4-weeks, and 63% at 8-weeks of antidepressant treatment. Basal median TSH levels were between normal ranges ($M+SD=1.85+1.02$ mIU/L). Basal TSH levels not correlated with basal MADRS scores, but with higher MADRS scores at week-4 ($r=0.415$, $p=0.031$) and at week-8 ($r=0.392$, $p=0.043$). Moreover, less baseline TSH levels trend to be a significant good predictor for treatment response at 4-weeks ($R^2=.116$, $p=.083$); and a good predictor at 8-weeks treatment ($R^2=.147$, $p=.049$).

Conclusions: Baseline TSH levels even within the normal range may play a role in predicting antidepressant response.

Disclosure: No significant relationships.

Keywords: tirotrrophin; major depression; antidepressant response; MADRS

EPP0394

Procalcitonin as new inflammatory mediator in cases of 1st episode drug naive major depressive disorder: a case-control study

S. El Sayed*, S. Gomaa and Z. Gomaa

Faculty of Medicine-Mansoura University, Department Of Psychiatry, faculty Of Medicine, Mansoura University, Mansoura, Egypt

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.663

Introduction: Procalcitonin (PCT) is the prohormone of calcitonin. Whereas calcitonin is only produced in the C cells of the thyroid gland as a result of hormonal stimulus, PCT is secreted by different cells from numerous organs in response to proinflammatory stimulation, particularly bacterial overactivity, also procalcitonin level might be elevated during the depressive episode as a result of inflammatory theory. PCT assessment is not fully studied in different psychiatric disorders and particularly in major depressive disorder.

Objectives: 1-To study the level of Procalcitonin level in 1st episode drug naive major depressive disorder. 2-To investigate the relation between procalcitonin level and cognitive dysfunctions in these patients 3-To illustrate the role of PCT in psychopathology of Major depressive disorder

Methods: 1-Socio-demographic data of the target group of patients 2-Psychiatric evaluation using DSM 5 diagnostic criteria 3-Hamilton rating scale of Depression 4-Laboratory assessment of Procalcitonin level (PCT) using VIDAS® B·R·A·H·M·S PCT™ 5-Cognitive evaluation using novel battery of THINC-IT

Results: 1-Elevated level of Procalcitonin(PCT) in the targeted patients in comparison to control group 2-The level of PCT is positively associated with the cognitive dysfunctions reported in these patients. 3-The severity of depressive psychopathology is related positively to the elevated level of PCT

Conclusions: Procalcitonin (PCT) assessment played an important role in the etiopathogenesis of 1st episode drug naive major depressive disorder, also it has a crucial role in the cognitive dysfunctions commonly reported in these patients

Disclosure: No significant relationships.

Keywords: Procalcitonin; inflammatory; Depressive

EPP0395

Childhood trauma and anger in adults with and without depressive and anxiety disorders

N. De Bles*, L. Putz, N. Rius-Ottenheim, A. Van Hemert and E. Giltay

Albinusdreef 2, Department Of Psychiatry, Leiden, Netherlands

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.664

Introduction: Childhood trauma is associated with an increased risk of anxiety and depressive disorders, but its association with anger, irritability, and related constructs has received less attention.

Objectives: We aimed to investigate (1) the relationship between childhood trauma and anger constructs in adulthood, and (2) which types of childhood trauma is most predictive.

Methods: In the Netherlands Study of Depression and Anxiety (NESDA), childhood trauma at baseline was assessed with a semi-structured interview. Childhood trauma was analyzed in relation to the Spielberger Trait Anger Subscale (STAS), the Anger Attacks Questionnaire, and the cluster B personality traits part of the Personality Disorder Questionnaire 4 (PDQ-4), measured at 4-year follow-up, using analysis of covariance (ANCOVA) and multivariable logistic regression analyses, adjusting for sex, age, level of education, BMI, smoking, alcohol dependency/abuse, disorder status.

Results: Participants were on average 42.1 years (SD = 13.1), and 66.3% (n = 1.508) were female. Childhood trauma showed a dose-response association with all anger constructs. Zooming in, emotional neglect, and psychological, and physical abuse were associated with all anger constructs, independently of depression or anxiety. Additionally, sexual abuse and childhood life events were associated with trait anger and borderline personality traits, and trait anger and antisocial personality traits retrospectively.

Conclusions: Childhood trauma is linked with anger in adulthood. Childhood trauma may cause not only anxiety and depression, but also anger, and tailored interventions (at both childhood trauma and anger itself) might help to improve unsatisfactory relationships and prevent violent behaviors.

Disclosure: No significant relationships.

Keywords: Childhood Trauma; Anger; Depression; Anxiety

EPP0396

The role of the practice nurse in the management of Postpartum depression

L. Hogeia^{1*}, C.D. Tabugan², A.-C. Bredicean³ and T. Anghel¹

¹“Victor Babes” University of Medicine and Pharmacy, Department Of Neurosciences, Timisoara, Romania; ²Psychiatric Clinic ” Eduard Pamfil” Timisoara, Neurosciences, timisoara, Romania and ³University of Medicine and Pharmacy “Victor Babes” Timisoara, 5. neuroscience Department, Timisoara, Romania

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.665

Introduction: Nurses specializing in maternal and child health are poised to play a pivotal role in the early identification and prompt treatment of perinatal depression. Postpartum period it is well-known for presenting high-risk for the appearance of a mental illness.

Objectives: This study has been carried out with the aim of investigating the level of knowledge of the nurses and their role in the management of post-partum depression.

Methods: 73 participants (n=73) were selected which are professional nurses. The data were collected through a questionnaire