

O0023

### Psychological maltreatment and self-compassion - the mediating role of shame and perspective-taking

G. Vizin<sup>1,2\*</sup>, H. Szócs<sup>2</sup> and Z. Illyés<sup>3,4</sup>

<sup>1</sup>Semmelweis University, Department Of Clinical Psychology, Budapest, Hungary; <sup>2</sup>Eötvös Lorand University Institute of Psychology, Department Of Clinical Psychology And Addiction, Budapest, Hungary; <sup>3</sup>National Institute of Medical Rehabilitation, National Institute Of Medical Rehabilitation, Budapest, Hungary and <sup>4</sup>Centre of Cognitive and Schema Therapy, Centre Of Cognitive And Schema Therapy, Budapest, Hungary

\*Corresponding author.

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**Introduction:** Psychological maltreatment such as emotional abuse or neglect is a serious risk factor for poorer mental and somatic health outcomes in life. A higher rate of psychological maltreatment experienced in childhood is a predictor of aversive emotional states such as shame, and can negatively influence factors of mentalization such as perspective-taking capacity in adulthood. However, emotional abuse or neglect are also negative predictors of self-compassion.

**Objectives:** The purpose of the study was to test two mediating models. We hypothesized, that reduced perspective-taking capacity, as well as higher levels of shame due to psychological maltreatment can be causally linked to lower levels of self-compassion.

**Methods:** We collected data from 120 healthy subjects (mean age = 29.46, SD = 7.55) from Hungary We used Experience of Shame Scale, Interpersonal Reactivity Index, Childhood Trauma Scale, and the Self-Compassion Scale in our cross-sectional questionnaire study.

**Results:** Psychological maltreatment is a significant negative predictor of self-compassion ( $b = -0.712$ ;  $p < 0.05$ ), and shame seems to play a mediating role in this relationship (effect size = 0.231;  $p < 0.05$ ). Psychological maltreatment was not a statistically significant predictor of perspective-taking.

**Conclusions:** Our results highlight that shame has a central role between childhood traumatization and psychological well-being. In the case of early emotional maltreatment we have to focus on shame for higher levels of self-compassion and effective healing in psychotherapy.

**Disclosure:** No significant relationships.

**Keywords:** perspective-taking; psychological maltreatment; shame; self-compassion

O0022

### Effectiveness of Interventions on Psychological Resilience among Individuals with Cancer: A Systematic Review and Meta-analysis

Y.S. Üzar-Özçetin\* and S. Öcalan

Hacettepe University, Psychiatric Nursing, Ankara, Turkey

\*Corresponding author.

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**Introduction:** Cancer is a disease that can cause traumatic experiences and disrupt the balance of life in individuals. The development of resilience in individuals is important in adapting to the cancer process and the difficulties that the process may bring.

**Objectives:** To investigate the effectiveness of interventions for the psychological resilience of individuals with cancer.

**Methods:** The findings of randomized controlled trials related to interventions to effect resilience of individuals with cancer were included. Comprehensive Meta-Analysis software was used to analyze the data. Hedges'  $g$  and 95% confidence intervals were computed to estimate the effect. Additionally, funnel plots were created to assess publication bias. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis was used.

**Results:** The eight studies that demonstrated the effect of the interventions on resilience of individuals with cancer were heterogeneous. The effect size was 2.649 (95% CI = 1.325 - 3.973), was statistically significant ( $p < 0.001$ ). Results of the subgroup analysis showed that the effects of sample size, cancer type, length of treatment, duration of intervention and gender were significant. According to the length of treatment studies lasting  $>90$  min and  $>10$  weeks were less significant impact on resilience. Studies in which the sample consisted of more than 100 participants, conducted participants with mixed type of cancer and the sample consisted of participants from both genders demonstrated statistically significant effects on resilience.

**Conclusions:** This study showed that supportive interventions are crucial in developing psychological resilience among individuals with cancer. However, the findings also underscore the need for further research.

**Disclosure:** No significant relationships.

**Keywords:** cancer; patient; resilience; meta-analysis

O0023

### Psychotherapy employed additionally to Psychopharmacotherapy is not related to Better Treatment Outcome in Major Depressive Disorder

L. Bartova<sup>1\*</sup>, G. Fugger<sup>1</sup>, M. Dold<sup>1</sup>, M. Mitschek<sup>1</sup>, J. Zohar<sup>2</sup>, J. Mendlewicz<sup>3</sup>, D. Souery<sup>4</sup>, S. Montgomery<sup>5</sup>, C. Fabbri<sup>6</sup>, A. Serretti<sup>6</sup> and S. Kasper<sup>1</sup>

<sup>1</sup>Medical University of Vienna, Department Of Psychiatry And Psychotherapy, Vienna, Austria; <sup>2</sup>Chaim Sheba Medical Center, Psychiatric Division, Tel Hashomer, Israel; <sup>3</sup>Free University of Brussels, School Of Medicine, Brussels, Belgium; <sup>4</sup>Psy Pluriel, Centre Européen De Psychologie Médicale, Brussels, Belgium; <sup>5</sup>University of London, Imperial College School Of Medicine, London, United Kingdom and <sup>6</sup>University of Bologna, Department Of Biomedical And Neuromotor Sciences, Bologna, Italy

\*Corresponding author.

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**Introduction:** Although numerous effective antidepressant (AD) strategies are available for the treatment of major depressive disorder (MDD), many patients do not achieve satisfactory treatment response.

**Objectives:** The aims of the present European, cross-sectional, multicenter, naturalistic study were (1) to determine the proportion of patients suffering from primary MDD who received additional psychotherapy to their ongoing psychopharmacotherapy and (2) to identify the associated socio-demographic and clinical patterns.

**Methods:** Patients receiving both treatments were compared to those lacking concomitant additional psychotherapy that was manual-driven psychotherapy (MDP) in all cases.

**Results:** While 68.8% of a total of 1279 MDD patients received exclusively psychopharmacotherapy, 31.2% underwent a psychopharmacotherapy-MDP combination. The latter patient population was rather younger, higher educated, employed, exhibited an earlier mean age of MDD onset, lower severity of current depressive symptoms with lower odds of suicidality and higher rates of melancholic features, and comorbid asthma and migraine, and was generally treated with lower daily doses of their first-line ADs. Whereas agomelatine was more commonly dispensed in these patients, selective serotonin reuptake inhibitors were more often prescribed in MDD patients lacking additional MDP. No significant between-group differences were detected in terms of treatment outcome.

**Conclusions:** The fact that the employment of additional MDP was not related to better treatment outcome in MDD represents our major and clinically most relevant finding. Generally, MDP was employed in a minority of our patients who experienced rather beneficial socio-demographic and clinical characteristics. This might reflect an inferior accessibility of these psychotherapeutic techniques for patients who are more severely ill and less socio-economically privileged.

**Disclosure:** References Bartova L, Fugger G, Dold M, Swoboda MMM, Zohar J, Mendlewicz J, Souery D, Montgomery S, Fabbri C, Serretti A, Kasper S. Combining psychopharmacotherapy and psychotherapy is not associated with better treatment outcome in major depressive disorder

**Keywords:** antidepressant treatment; Psychotherapy; Psychopharmacotherapy; major depressive disorder

## COVID-19 and Related Topics

### O0024

#### Psychiatric adverse events reported after COVID-19 vaccination in the European Union (EU), the United States (US) and the United Kingdom (UK)

D. Macias Saint-Gerons\*, P. Correa Ghisays and R. Tabarés-Seisdedos

CIBERSAM/ISCIII, Incliva/universidad De Valencia, Valencia, Spain

\*Corresponding author.

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**Introduction:** Several psychiatric adverse events can occur after vaccination. Passive surveillance reporting systems can support the identification of rare adverse events and contribute to hypothesis generation for potential causal associations.

**Objectives:** To describe the psychiatric adverse reactions associated with various COVID-19 vaccines reported in the WHO database (VigiBase®)

**Methods:** We for individual case reports (ICSRs) for “Psychiatric disorders” linked to COVID-19 vaccines authorized in the EU, the US and the UK. Reporting rates were calculated using the number of administered doses as a denominator. Disproportional reporting was investigated through frequentist and Bayesian approaches by the calculation the information component (IC) for adverse psychiatric adverse not included in the vaccine label.

**Results:** 63322 ICSRs including 76,163 psychiatric adverse events were identified, 21878 (34.6%) were serious events. Mean age in the reports was 48.8 years old (SD: 17.8) and involved 44441 (70.2%)

female and 17975 (28.4%) women; sex was not specified in 906 (1.4%) reports. Rate of reported psychiatric adverse events per million administered doses were 52.0, 110.3, 164.8 and 170.8 for Tozinameran/Cominarty (Pfizer-BioNTech), Elasmomeran (Moderna), Vaxzevria (AstraZeneca) and Ad26.COVID-19 (Janssen) vaccines respectively. UK recorded the highest rates. The most frequently reported events were insomnia (21.6%), confusional state (13.6%) and anxiety (13.5%). Disproportionality was found for: habit cough (IC:3.6), clinomania (IC: 2.2), exploding head syndrome (IC: 2.2) and autoscopia (IC: 2.1).

**Conclusions:** Rates of reported psychiatric adverse events are very low. Doctors and patients should be aware of these potential adverse reactions. Continuing monitoring of emerging potential safety signals is advised.

**Disclosure:** No significant relationships.

**Keywords:** Covid-19; vaccine; adverse events

### O0025

#### Belief in conspiracy theories and esoteric thinking during COVID-19 pandemic

T. Medvedeva, S. Enikolopov, O. Boyko\* and O. Vorontsova

Federal State Budgetary Scientific institution “Mental health research center”, Clinical Psychology, Moscow, Russian Federation

\*Corresponding author.

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**Introduction:** Psychological distress during the SARS-CoV-2 pandemic can manifest itself in interpretations of what is happening.

**Objectives:** To analyze response to COVID-19 pandemic in people with high level of esoteric thinking.

**Methods:** Internet survey 23.03.20-29.01.21 (N=621); Constructive Thinking Inventory(CTI); SCL-90R. It was proposed to assess statements: “The authorities are hiding the true scale of the coronavirus pandemic”, “Coronavirus is the result of biological weapons development”, “Coronavirus is a punishment or a sign sent to people from above”, “The emergence of the coronavirus is the Earth’s response to its pollution”. It was offered to express an opinion about pandemic. The answers were coded on the basis of qualitative semantic analysis.

**Results:** The growth of “esoteric thinking” was revealed (Std.J-T, p = .025). With a high level of esoteric thinking, emotional statements (“fear, anxiety, panic”) are more common (27.8% versus 16.9% for group with high and low level of «esoteric thinking»). Correlations of the level of «esoteric thinking» with level of depression (Spearman’s correlation ,085\*), anxiety (.097\*), GSI (.130\*\*), «fears for the life» (23.4% versus 14.5%) show high emotional distress. With an increase in the level of «esoteric thinking», belief in various conspiracy theories increases; Spearman’s correlation ,370\*\* with the belief is biological weapons, punishment for sins (.355\*\*), belief in concealing information about the pandemic (.167\*\*).

**Conclusions:** A high level of esoteric thinking is associated with an increased emotional response to the pandemic and with belief in conspiracy theories, and can increase emotional instability by itself also making constructive decisions difficult in situations related to protecting personal health and safety.

**Disclosure:** No significant relationships.

**Keywords:** Depression; Covid-19; esoteric thinking; conspiracy theories