



	Non-resistant (111)	Resistant (54)	Pseudo-resistant (35)	p-value
Age	59.1±11.9	63.0±12.6	57.0±11.3	0.036*
Episodes of illness	3.8±2.1	4.0±1.9	3.0±1.8	0.036*
Personality disorders	27.0%	18.9%	48.6%	0.009**
Therapies:				0.014**
SSRI	62.4%	40.4%	69.7%	
SNRI	19.8%	42.3%	15.1%	
TCA	17.8%	17.3%	15.1%	
Augmentation	24.3%	38.9%	17.1%	0.05**
Remission	76.5%	59.5%	81.2%	CvsB:0.045** CvsA:0.587**

On the day of admission, non-responders were 44.5% of the sample, but 39.3% of them did not meet the *Resistant* criteria, defining the *Pseudo-resistant* group. *Pseudo-resistant* differed from others by younger age, fewer illness episodes, higher rate of personality disorders, and different therapies during hospitalization [Fig.1,2,3]. *Pseudo-resistant* remission rate, significantly greater than *Resistant one*, was comparable to *Non-resistant* [Tab.1]. *Kruskal-Wallis Test **Chi-Squared Test

Conclusions: This study outlines a new group of depressed patients that, apparently drug-resistant, displays the same outcome as responders when treated with first-line drugs during hospitalization, certainly taking benefit from the psychoeducational program. Quick recognition of these patients could be crucial to giving optimal care.

Disclosure: No significant relationships.

Keywords: bipolar disorder; pseudo-resistance; depressive disorder; treatment resistant depression

EPP0781

Is Maternity Blues a risk factor for the onset of postpartum depression? A longitudinal Study.

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Introduction: The period after delivery is characterised by physical, hormonal and psychological changes. Up to 20% of women can present depressive and anxiety symptoms and difficulties in the interaction with the newborn, emotional lability. This condition is also called “Maternity Blues (MB)”.

Objectives: To: 1) assess the frequency of MB presentation of depressive symptoms immediately after the delivery; 2) identify those characteristics more frequently associated to the onset of depressive symptoms after the delivery; and 3) verify the hypothesis that the presence of maternity blues is a risk factor for the onset of a depressive episode in the 12 months after the delivery.

Methods: From December 2019 to February 2021 all women who gave birth at the University of Campania “Vanvitelli” were enrolled. Upon acceptance, they filled in the EPDS Scale. Sociodemographic, gynaecological, peripartum and psychiatric anamnesis was collected at baseline. Women have been reassessed after 1, 3, 6 and 12 months.

Results: 359 women were recruited, with a mean EPDS score of 5.51. Among these, 83 reported the presence of MB (EPDS score≥10; 23.12%). Anxiety disorders with onset prior to pregnancy (p<.000), preeclampsia (p<.01), increased foetal health rate (p<.01), conflicts with relatives (p<.001) and anxiety disorders the partner (p<.01) emerged as predictors of Mb. The presence of MB increase 7 time the risk to have higher EPDS score at follow-up assessments (p<.000).

Conclusions: The presence of MB should always be assessed in the immediate post-partum and psychosocial interventions should be provided to women with MB to reduce its potential negative effect on mental health.

Disclosure: No significant relationships.

Keywords: maternity; blues; Postpartum; Depression

EPP0782

Could the mood disorder symptoms can be predict by metabolic disturbances?

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Introduction: Despite the huge progression in depression treatment, many individuals do not achieve full recovery. Studies demonstrated alternatives from neurotransmitter targets which are promising to predict and manage illness.

Objectives: This study aimed to select metabolic factors linked to the severity of depression symptoms.

Methods: 66 patients (36% males) with episode of depression from part of SANGUT study were assessed for laboratory biomarkers (insulin, glucose, ALT, AST, lipid profile, cortisol, hs-CRP), anthropometric measurements (BMI, body composition, WHR ratio) and severity of subjective depressive (BDI scale) and stress (PSS-10 scale) symptoms.

Results: Maximum accuracy for differentiating mood symptoms was achieved by the combination of triglycerides (cut-off point > 101 mg/dl) and HDL cholesterol (cut-off point \leq 48 mg/dl). For differentiating stress symptoms the combination of cholesterol LDL (cut-off point > 108.35 mg/dl) and hs-CRP (cut-off point \leq 1.55 mg/dl) were most accurate. In the regression analysis model, total; LDL and HDL cholesterol, adjusting for HOMA-ir, cortisol, hs-CRP, triglycerides, age and body fat content were independently related to mood symptoms severity and explain 23.4% variability. Stress symptoms were related to cortisol, hs-CRP levels and WHR ratio adjusted for age, duration of illness, LDL cholesterol, and body fat content. The following model explains 19% variability of symptoms severity.

Conclusions: In patients with mood disorders, more attention should be paid to metabolic changes, predicting intensified depression traits. The results indicate lifestyle changes as an available to all patients tool for depression management.

Disclosure: No significant relationships.

Keywords: Stress; lifestyle psychiatry; Depression; metabolic disturbances

EPP0783

Relationship between psychopathic traits and ability emotional intelligence in a sample of incarcerated males

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Introduction: The study of psychopathic traits has increased in recent years, given the impact that these traits have on our society.

Objectives: This study aimed to evaluate the relationship between psychopathy traits and ability emotional intelligence by examining the sub-dimensions of both constructs in a sample of incarcerated males.

Methods: A total of sixty-three incarcerated adult males ($M_{age} = 37.51$) were assessed for psychopathy traits and emotional intelligence levels through the 34-item Self-Report Psychopathy Scale-III (SRP-III) and the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) respectively.

Results: The results revealed that the incarcerated population is characterized by low EI and high psychopathic traits (explained by the scores obtained on the criminal tendencies sub-dimension). Moreover, participants scoring lower in ability EI were more likely to score higher on the callous affect sub-dimension of psychopathy. We also observed an indirect negative effect of ability EI on erratic lifestyle, criminal tendencies and interpersonal manipulation sub-dimensions through the mediating role of callous affect.

Conclusions: These findings offer a better understanding of the relationship between psychopathy traits and ability emotional intelligence and provide empirical support for the need to implement intervention programs in penitentiary centers based on EI training, which could help to reduce antisocial and disruptive behaviours and facilitate future reintegration into society.

Disclosure: No significant relationships.

Keywords: MSCEIT; Emotional Intelligence; Psychopathy; incarcerated population

EPP0784

Trait anxiety mediates between emotion dysregulation and core psychopathology in borderline personality disorder

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Introduction: Findings from previous studies have implicated various forms of emotion dysregulation (EDys), including difficulties in emotion regulation, as important for the development and maintenance of borderline personality disorder (BPD). In addition, comorbid anxiety and depressive psychopathology has been found to contribute to the severity of BPD symptoms in this disorder.

Objectives: This study aimed at extending extant research on the above issues by testing the mediational role of comorbid psychopathology (i.e., trait anxiety and depressive symptoms) in the relationship between EDys (specifically, difficulties in emotion regulation) and BPD symptoms in BPD patients.

Methods: 64 BPD female inpatients completed the Emotion Dysregulation Scale, STAI, CESD-R, and BPD Checklist.

Results: BPD symptoms were statistically significantly and strongly positively associated to EDys ($r_s = .55, p < .001$) and to trait anxiety ($r_s = .52, p < .001$). EDys and trait anxiety predicted the severity of BPD symptoms, $R^2 = 0.41, F(2, 61) = 20.90, p < .001$. The examination of the indirect effect revealed a significant mediation, in which the association between EDys and BPD symptoms was mediated by trait-anxiety, $B = 0.37, SE = 0.18, 95\% CI = [0.10, 0.78]$. However, the direct effect of EDys on BPD symptoms remained significant, $B = 0.81, SE = 0.24, 95\% CI = [0.32, 1.30]$.