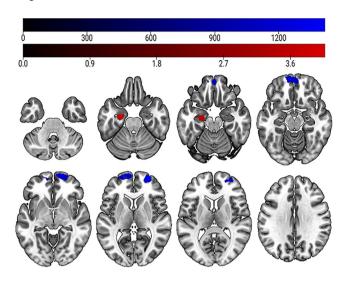
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Conclusions: GMV reductions in the hippocampus have frequently been observed in CHR and psychosis patients (Vissink *et al.* BP:GOS 2022; 2(2) 147-152), therefore our results further highlight the crucial role of this region in the progression of the disease. There is limited evidence on GMV increases in CHR patients. However, the GMV increase we found in the frontal pole may reflect compensatory mechanisms of the brain in the development of psychosis. In addition, we were able to provide biological validation of the NAPLS-2 risk calculator and its assessment of risk for transition to psychosis.

Disclosure of Interest: None Declared

EPP0422

Multivariate associations between psychiatric drug intake and grey matter volume changes in individuals at early stages of psychosis and depression

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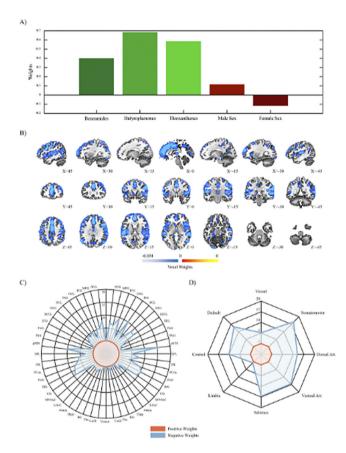
Introduction: Psychiatric drugs, including antipsychotics and antidepressants, are widely prescribed, even in young and adolescent populations at early or subthreshold disease stages. However, their impact on brain structure remains elusive. Elucidating the relationship between psychotropic medication and structural brain changes could enhance the understanding of the potential benefits and risks associated with such treatment.

Objectives: Investigation of the associations between psychiatric drug intake and longitudinal grey matter volume (GMV) changes in a transdiagnostic sample of young individuals at early stages of psychosis or depression using an unbiased data-driven approach.

Methods: The study sample comprised 247 participants (mean [SD] age = 25.06 [6.13] years, 50.61% male), consisting of young, minimally medicated individuals at clinical high-risk states for psychosis, individuals with recent-onset depression or psychosis, and healthy control individuals. Structural magnetic resonance imaging was used to obtain whole-brain voxel-wise GMV for all participants at two timepoints (mean [SD] time between scans = 11.15 [4.93] months). The multivariate sparse partial least squares (SPLS) algorithm (Monteiro et al. JNMEDT 2016; 271:182-194) was embedded in a nested cross-validation framework to identify parsimonious associations between the cumulative intake of psychiatric drugs, including commonly prescribed antipsychotics and antidepressants, and change in GMV between both timepoints, while additionally factoring in age, sex, and diagnosis. Furthermore, we correlated the retrieved SPLS results to personality domains (NEO-FFI) and childhood trauma (CTO).

Results: SPLS analysis revealed significant associations between the antipsychotic classes of benzamides, butyrophenones and thioxanthenes and longitudinal GMV decreases in cortical regions including the insula, posterior superior temporal sulcus as well as cingulate, postcentral, precentral, orbital and frontal gyri (Figure 1A-C). These brain regions corresponded most closely to the dorsal and ventral attention, somatomotor, salience and default network (Figure 1D). Furthermore, the medication signature was negatively associated with the personality domains extraversion, agreeableness and conscientiousness and positively associated with the CTQ domains emotional and physical neglect.

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Conclusions: Psychiatric drug intake over a period of one year was linked to distinct GMV reductions in key cortical hubs. These patterns were already visible in young individuals at early or sub-threshold stages of mental illness and were further linked to child-hood neglect and personality traits. Hence, a better and more in-depth understanding of the structural brain implications of medicating young and adolescent individuals might lead to more cautious, sustainable and targeted treatment strategies.

Disclosure of Interest: None Declared

Philosophy and Psychiatry

EPP0423

Humanitarian Love in Values-Based Practice and Health Professionals' Psychosocial Outcomes: Systematic Review

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¹Research Laboratory of Psychology of Patients, Families and Health Professionals, Department of Nursing, School of Health Sciences and ²Research Laboratory of Integrated Health, Care and Well-being, Department of Nursing, School of Health Sciences, University of Ioannina, Ioannina, Greece *Corresponding author. doi: 10.1192/j.eurpsy.2024.574 **Introduction:** The literature on Values-Based Practice often neglects the significance of love in therapeutic interactions, sometimes treating it as taboo or crossing professional boundaries.

Objectives: This systematic review investigates the role of humanitarian love in the lives of healthcare professionals and its psychosocial impact, aiming to establish it as a core value in values-based practice.

Methods: We conducted a PRISMA 2020-compliant systematic review, searching databases (CINAHL, PubMed, Scopus) from inception to April 3, 2023, using PEO elements: health professionals (P), love (E), psychosocial impact (O). Two independent reviewers conducted screening, data extraction, and bias assessment. A narrative synthesis of the data was applied. The selection process is presented in Figure 1.

Results: Eight articles met the inclusion criteria, comprising 1,948 participants (median age: 28.55). Humanitarian love encompassed compassionate love, self-compassion, and affection. Humanitarian love showed a negative correlation with burnout, compassion fatigue, self-judgment, and secure attachment, while positively correlating with professional well-being, professional commitment, self-care, patience, diversity acceptance, spirituality, self-kindness, and ethical values. Humanitarian love significantly influenced healthcare professionals' psychosocial well-being. The main outcomes are presented in Figure 2.

Image:

