multiple regression analyses with stratification by age group (18-59 years and 60 years or older). Two-tailed tests were used for all analyses with a significance level of P < 0.05.

Results: The mean age (standard deviation) of the study participants (n=534) was 58.3 (16.0) years. Among them, 48% were 18-59 years old and 54% were female. Fecal propionate concentration was significantly associated with total PHQ-9 score (beta=0.62, p<0.01). Other SCFAs and total SCFA were not significantly associated with total PHQ-9 score. In addition, using stratification analyses by age group, the associations between fecal propionate concentration and total PHQ-9 score showed a different trend by age group (beta=0.18, p=0.62 for 18-59 years; beta=0.80, p<0.01 for 60 years or older).

Conclusions: The study showed an association between higher concentrations of fecal propionic acid and higher levels of depressive symptoms. The association was particularly pronounced in older people, those aged 60 years and older. The results suggest that improving dietary habits to reduce fecal propionic acid may be effective in preventing depression in the elderly.

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O0029

Physical activity reduces cardiovascular risk and mortality in people with severe mental illness: a cohort study using accelerometry

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Introduction: Cardiovascular disease (CVD) is a leading cause of excess mortality in people with severe mental illness (SMI). Physical activity (PA) is widely acknowledged with multiple health benefits, but associations of PA with incident CVD, all-cause and CVD mortality in people with SMI remain unclear.

Objectives: To determine dose-response and intensity-specific associations of PA with incident CVD, all-cause and CVD mortality in people with SMI.

Methods: This prospective cohort study was conducted on 6313 SMI participants with accelerometry data from UK Biobank (mean age 61.05 years) from February 2013 to November 2021 (median 7-year follow-up). Moderate-to-vigorous PA (MVPA) was categorized by meeting the guideline level or not, while total PA and light-intensity PA (LPA) were grouped by tertiles. Incident CVD, all-cause and CVD mortality ascertained by hospital and death registries were main outcomes.

Results: PA was inversely associated with the risk for incident CVD ($P_{overall} < 0.05$ for total PA and MVPA, $P_{nonlinearity} > 0.05$ for all PA), all-cause mortality ($P_{overall} < 0.05$ for all PA, $P_{nonlinearity} < 0.05$ for total PA and LPA), and CVD mortality ($P_{overall} < 0.001$ for total PA

and LPA, $P_{nonlinearity} < 0.05$ for all PA). Performing guideline-recommended volume of MVPA was associated with a reduced risk of 19% for incident CVD (95% CI, 0.67-0.98), 42% for all-cause mortality (95% CI, 0.43-0.79), and 50% for CVD mortality (95% CI, 0.31-0.82). A combination of recommended MVPA and a moderate volume of LPA was associated with the lowest risk, mitigating 21% risk for incident CVD, 59% for all-cause mortality, and 78% for CVD mortality.

Conclusions: Primary engagement of guideline-recommended MVPA, supplemented with moderate amount of LPA, was associated with lower risks for incident CVD, all-cause and CVD mortality among people with SMI.

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Promotion of Mental Health

O0030

Stigma and its impact on Quality of Life among Early Career Mental Health Professionals

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Introduction: Stigma towards mental health has been described as a major obstacle to seek help and access to mental health services. This could result in a worsened Quality of Life (QoL). There is a little evidence of stigma in Mental Health Professionals and its consequences, especially in Early Career ones (ECMPH), who can be a more vulnerable group. There is even more lack of studies with multicultural approaches. Exploring stigma, support systems and access to these, and the link of these factors with QoL is essential to develop effective strategies to support ECMHP, for both their own mental health and providing care to patients.