

**Conclusions:** In conclusion, anxious-depressive symptoms are prominent in FES and at the initial entry into EIP programs. Anxious-depressive symptom severity tends to diminish overtime, especially with the provision of specialized EIP treatments. However, since we did not have a control population studied in parallel, we cannot say whether these results are specific to the protocols of EIP programs or just to the intensity of engagement in care.

**Disclosure of Interest:** None Declared

## EPP0053

### Psychological immunity: A new mental health test for psychiatric samples

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**Introduction:** The Mental Health Test serves as the operationalized, comprehensive measurement of Maintainable Positive Mental Theory which defines mental health (for either the non-clinical or psychiatric population) as a high level of global well-being, psychological, social and spiritual functioning, resilience, effective creative and executive functioning, savoring capacities, coping and enjoyment, regardless of the presence or absence of symptoms of psychopathology.

**Objectives:** To assist psychiatrists and clinical psychologists to assess their patients' psychological immune competence-based capacities and resources, depending on the mental health disorder diagnosis and the severity of the symptoms, the present study examined the psychometric properties of the Mental Health Test in a psychiatric sample.

**Methods:** The research was carried out in four Hungarian health-care facilities using a cross-sectional design. A total of 331 patients (140 male, 188 female, and 3 who preferred not to disclose their gender) completed the Mental Health Test, six well-being and mental health measures, and the Symptom Checklist-90. Clinical psychologists reported the mental disorder status of each participant.

**Results:** Confirmatory factor analysis showed a good fit of the five-factor model to the data for the clinical version of the Mental Health Test (CFI = 0.972, RMSEA = 0.034). High internal consistency coefficients ( $\alpha$ : 0.70–0.84;  $\omega$ : 0.71–0.85) and excellent external and content validity were reported. The Mental Health Test was not sensitive to sociodemographic indicators but was sensitive to correlates of well-being and symptoms of mental disorders in a psychiatric sample. Regression analyses demonstrated that unipolar depression and number of mental disorders were related to a lower overall Mental Health Test score. Personality disorders, unipolar depression, and the greater severity and higher number of mental disorders were associated with a lower global well-being score. Unipolar depression was related to lower savouring capacity. Self-regulation showed a correlation with the self-reported number of mental disorders only. Anxiety and somatization disorders, unipolar depression, and a higher number of self-reported mental disorders were related to a lower psychological resilience score. The regression model for the creative and executive efficiency subscale did not fit our data. The interaction of all combinations of psychotherapy and pharmacotherapy was significantly related to the overall Mental Health Test score and to the subscales. These results can later serve as a basis for designing intervention studies.

**Conclusions:** Our preliminary findings suggest that the Mental Health Test is a suitable measure for assessing mental health capacities and resources in psychiatric samples.

**Disclosure of Interest:** None Declared

## EPP0054

### Premenstrual dysphoric disorder—an undervalued diagnosis? Preliminary results of a prospective study on Hungarian women

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**Introduction:** The premenstrual dysphoric disorder (PMDD) is a new distinct diagnostic entity in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, the severe premenstrual (PM) symptoms associated with PMDD result in functional impairment, globally, it remains highly underdiagnosed, underscoring the need for enhanced clinical recognition.

**Objectives:** This ongoing study aims to assess the prevalence and symptom profile of PMDD in a sample of Hungarian women. It is part of a comprehensive research process aiming to validate a prospective PMDD diagnostic questionnaire (Daily Record of Severity of Problems, DRSP) in order to facilitate the diagnosis of the disorder.

**Methods:** The study was performed in three steps. Firstly, retrospective data were collected from 112 women. Probable PMDD was assessed using the DSM-5 Based Screening Tool, while anxious-depressive symptoms and well-being were evaluated using the Beck Depression Inventory, the state subscale of the State-Trait Anxiety Inventory, and the WHO Well-Being Scale. Subsequently, prospective data were obtained from 9 women who completed the

DRSP along with the aforementioned mood questionnaires during both their PM and follicular phases.

**Results:** In the first research phase, the sample was divided into women with probable PMDD diagnosis (PMDD group,  $n=68$ ) and women without probable PMDD diagnosis (nonPMDD group,  $n=45$ ) based on the DSM-5-Based Screening Tool. The PMDD group reported significantly more severe depressive ( $F(1; 56.2) = 19.394, p \leq 0.001$ ) and anxiety ( $F(1; 35.6) = 17.714, p \leq 0.001$ ) symptoms and lower well-being ( $F(1; 44.3) = 4.288, p = 0.04$ ) compared to the non-PMDD group, irrespective of the menstrual phase they experienced.

In the second and third research phases based on the DRSP, the sample was divided into women with probable PMDD diagnosis (PMDD group,  $n=3$ ) and those without probable PMDD diagnosis (nonPMDD group,  $n=6$ ). A statistically significant association was observed between the classifications according to the DSM-5 Based Screening Tool and the DRSP ( $p=0.048$ ; Cramer's  $V=0.79$ ). The PMDD group showed a tendency of lower well-being and more severe anxio-depressive symptoms than the nonPMDD group (Well-being: between phases  $p=0.93$ , between groups  $p=0.06$ ; BDI-II: between phases  $p=0.79$ , between groups  $p=0.07$ ; STAI-S: between phases  $p=0.87$ , between groups  $p=0.17$ ).

**Conclusions:** The prevalence of PMDD was high in our sample. Women with probable PMDD retrospectively reported substantial affective difficulties and a decline in subjective well-being, regardless of their menstrual cycle. Prospective preliminary findings suggest a trend toward differentiation associated with probable PMDD. These results highlight the need for prospective clinical studies addressing the psychological symptoms of women with PM issues and the importance of appropriate treatment of the clinical appearance of PMDD.

**Disclosure of Interest:** None Declared

## EPP0055

### The Mediating Role of Maladaptive Metacognitive Beliefs between Adverse Childhood Experiences and Trait Anxiety

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**Introduction:** Adverse childhood experiences (ACE) have a significant negative impact on health. ACEs lead to more pronounced trait anxiety, among others, which serves as a basis for various mental and somatic symptoms. Recent findings suggest that the fact that individuals with more ACEs also have more maladaptive metacognitive beliefs may contribute to the development of these symptoms.

**Objectives:** We aim to study the possible mediating role of maladaptive metacognitive beliefs, resulting from adverse childhood experiences, on trait anxiety.

**Methods:** Data was collected online, anonymously, in a non-clinical population of adults over 18 years of age. The sample consisted of 304 subjects (84.21 % women, 15.79 % men). The applied questionnaires included a demographic questionnaire, the

Adverse Childhood Experiences Questionnaire 10 item version, the Meta-Cognitions Questionnaire, and the Spielberger Trait Anxiety Questionnaire. The system of correlations between the examined variables was explored using structural equation modeling (SEM). The study was carried out with ethical approval and in accordance with the Declaration of Helsinki.

**Results:** Our results confirm that ACEs have a significant impact on all the measured dimensions of maladaptive metacognitive beliefs. The direct effect of ACEs on adult trait anxiety is also significant. The results of the study on indirect effects support the joint mediating role of the five metacognitive dimensions. The strongest significant mediating effect was found for the uncontrollability and dangerousness of negative beliefs about worry. Both the direct and indirect effects of cognitive self-consciousness on adult trait anxiety are negative, which means that the more the cognitive self-consciousness is characteristic of someone, the lower the degree of trait anxiety in adulthood is.

**Conclusions:** Our results confirm the mediating effect of metacognitive beliefs on trait anxiety in the context of adverse childhood experiences, which points to the importance of further research on metacognition among the population that suffered early adversities. One of the limitations of the study roots in online data collection: the examined sample is not representative. Moreover, to extend the results, it is recommended to repeat the study on a clinical population. This would enable us to compare our results with those of the clinical population, which could provide further important results in the field of metacognition and adverse childhood experiences.

**Disclosure of Interest:** None Declared

## Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

### EPP0056

#### Effect of intermittent theta-burst stimulation on the thyroid and adrenal systems in resistant depressed patients

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**Introduction:** Disturbances in the hypothalamic-pituitary-thyroid (HPT) and hypothalamic-pituitary-adrenal (HPA) axes have been frequently reported in treatment resistant depressed patients (TRDs). So far, the effects of intermittent theta-burst stimulation (iTBS) treatment—a form of repetitive transcranial magnetic stimulation (rTMS) technique—on the activity of the HPT and HPA axes are poorly understood.

**Objectives:** The present study aimed to evaluate the effects of iTBS sessions, applied to the left dorsolateral prefrontal cortex, in TRDs with abnormal chronobiological HPT functioning at baseline (BL) possibly associated with hypercortisolemia.

**Methods:** The  $\Delta\Delta\text{TSH}$  test (i.e., the difference between the thyrotropin response to protirelin tests [ $\Delta\text{TSH}$ ] performed at 8 AM and 11 PM on the same day) and the dexamethasone suppression test (DST) were performed in 12 TRDs and 14 healthy hospitalized