

(23 males, age = 16.18±2.85). The severity of these adolescent patients was assessed by depression scale, suicidal risk and self-harm behavior. Nine cognitive tasks were used to evaluate memory, cognitive control and attention abilities for all participants. Bilateral hippocampus were segmented into 12 subfields with T1 and T2 weighted images using Freesurfer v6.0. A mixed analysis of variance was performed to assess the differences in subfields volumes between all patients and controls, and between patients with mild and severe depression. Finally, LASSO regression was conducted to explore the associations between hippocampal subfields and cognitive abnormalities in patients.

Results: We found significant subfields atrophy in the CA1, CA2/3, CA4, dentate gyrus, hippocampal fissure, hippocampal tail and molecular layer subfields in patients. For those patients with severe depression, hippocampal subfields showed greater extensive atrophy than those in mild, particularly in CA1-4 subfields extending towards the subiculum. These results were similar across various severity assessments. Regression indicated that hippocampal subfields abnormalities had the strongest associations with memory dysfunction, and relatively weak associations with cognitive control and attention. Notably, CA4 and dentate gyrus had the highest weights in the regression model.

Conclusions: As depressive severity increases, hippocampal subfield atrophy tends to spread from CA regions to surrounding areas, and primarily affects memory function in patients with youth depression. These results suggest hippocampus might be markers in progression of adolescent depression, offering new directions for early clinical intervention.

Disclosure of Interest: None Declared

EPP0303

Interventions to promote social connection and their effect on depression: An umbrella review

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Introduction: Social connection (SC) is a multi-dimensional concept capturing both the structural-quantitative (e.g., number of social relations, social contact frequency, network structure) and the functional-qualitative dimension (e.g., social support) of social relationships. Although empirical evidence of the association between SC measures and depression has increased significantly in recent years (De Risio et al, *J Affect Disord* 2024; 345 358–368), very little is known about the extent to which interventions that build SC are effective in improving depressive symptoms.

Objectives: This umbrella review of systematic reviews/meta-analyses aims to synthesize evidence regarding the effectiveness of SC interventions on depression. Our primary focus is on interventions directly acting upon the natural social network, while indirect interventions that aim to improve social skills, or those

that provide professional (formal) or semi-professional support through health services, were excluded.

Methods: We provide a synthesis of the consistency and magnitude of the effectiveness of SC interventions on depression. We searched PubMed, PsycINFO, Cochrane Library, and EMBASE and 16 reviews/meta-analyses were included. Information on the effectiveness of SC interventions on depression were compared among different populations. The quality/certainty of evidence was assessed using AMSTAR-2 and GRADE tools.

Results: Included interventions were categorized into the following domains: social support (interventions increasing both perceived and enacted social support from family, friends, and others); social engagement (interventions aimed at strengthening social networks and contrasting social isolation); social inclusion (interventions promoting social integration and access to social capital); social identification (interventions enhancing participants' identification with a group). Overall, the evidence is rather mixed with some SC interventions resulting in little to no difference in depressive symptoms compared to usual care/other interventions. The most promising interventions appear to be those contrasting social disengagement and reducing social isolation in older individuals and in patients with depression, as well as social inclusion interventions for adolescents and young adults.

Conclusions: The broader implications of SC as a key determinant of depression call for a deep examination of the impact of interventions/preventive programs on the evolving psychopathology of depressive trajectories and inform on which targeted interventions are more effective, thus guiding public health policies.

Disclosure of Interest: None Declared

EPP0304

Identifying Depression Subtypes and Investigating their Consistency and Transitions in a 1-Year Cohort Analysis

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Introduction: Major Depressive Disorder (MDD) is a complex mental health condition characterized by a wide spectrum of symptoms. According to the Diagnostic Statistical Manual 5 (DSM-5) criteria, patients can present with up to 1,497 different symptom combinations, yet all receive the same MDD diagnosis. This diversity in symptom presentation poses a significant challenge to understanding the disorder in the wider population. Subtyping offers a way to unpick this phenotypic diversity and enable improved characterization of the disorder. According to reviews, MDD subtyping work to date has lacked consistency in results due to inadequate

statistics, non-transparent reporting, or inappropriate sample choice. By addressing these limitations, the current study aims to extend past phenotypic subtyping studies in MDD.

Objectives: (1) To investigate phenotypic subtypes at baseline in a sample of people with MDD;

(2) To determine if subtypes are consistent between baseline 6- and 12-month follow-ups; and

(3) To examine how participants move between subtypes over time.

Methods: This was a secondary analysis of a one-year longitudinal observational cohort study. We collected data from individuals with a history of recurrent MDD in the United Kingdom, the Netherlands and Spain (N=619). The presence or absence of symptoms was tracked at three-month intervals through the Inventory of Depressive Symptomatology: Self-Report (IDS-SR) assessment. We used latent class and three-step latent transition analysis to identify subtypes at baseline, determined their consistency at 6- and 12-month follow-ups, and examined participants' transitions over time.

Results: We identified a 4-class solution based on model fit and interpretability, including (Class 1) severe with appetite increase, (Class 2), severe with appetite decrease, (Class 3) moderate, and (Class 4) low severity. The classes mainly differed in terms of severity (the varying likelihood of symptom endorsement) and, for the two more severe classes, the type of neurovegetative symptoms reported (Figure 1). The four classes were stable over time (measurement invariant) and participants tended to remain in the same class over baseline and follow-up (Figure 2).

Image:

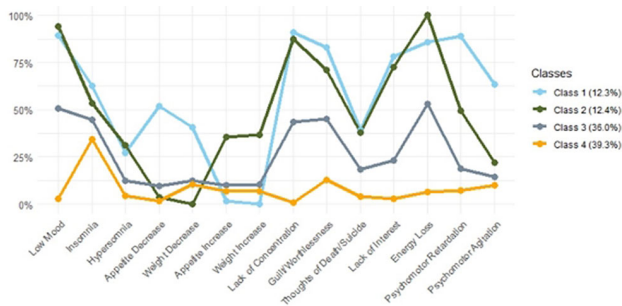


Figure 1. Probabilities of Endorsing Depressive Symptoms Derived from Baseline 4-Class Latent Class Analysis (N=619). Class sizes are presented as the percentage of this total.

Image 2:

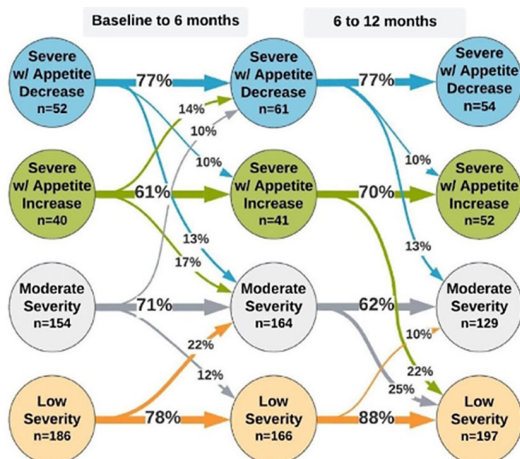


Figure 2. Transition probabilities and class sizes for three-step LTA model (N=432). Probabilities <10% are not shown.

Conclusions: We identified four stable subtypes of depression, with individuals most likely to remain in their same class over 1-year follow-up. This suggests a chronic nature of depression, with (for example) individuals in severe classes more likely to remain in the same class throughout follow-up. Despite the vast heterogeneous symptom combinations possible in MDD, our results emphasize differences across severity rather than symptom type. This raises questions about the meaningfulness of these subtypes beyond established measures of depression severity. Implications of these findings and recommendations for future research are made.

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Eating Disorders

EPP0305

The presence of autistic traits might explain the relationship between sensory sensitivity and eating disturbances in a sample of young adults referring to a mental health clinic.

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Introduction: The relationship between autistic traits and eating disturbances, although gaining considerably more attention in the last decades, is still unclear. Most of the studies up to date were conducted on individuals with a full diagnosis of Autism Spectrum Disorders (ASD) and/or of Eating Disorders (ED). One of the common features reported in both conditions is the alteration of sensory sensitivity, which is, in both cases, widely discussed in the literature, but mostly in the pediatric age.

Objectives: To investigate the association between sensory sensitivity, autistic traits, and eating disorders symptomatology in a group of young adults (18-24) who were referred, for the first time, to a mental health outpatient clinic.

Methods: 259 patients completed: the Eating Attitude Test (EAT-26), the Autism Quotient (AQ), the Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R), the Sensory Perception Quotient - Short Form 35 item (SPQ-SF35) and the Swedish Eating