adverse effects, 12.05% of sessions experienced nausea , 2.52% had an episode of vomiting , 3.35% had a headache , and seven sessions experienced dizziness. The incidence of adverse events was not significantly associated with past psychedelic experiences (X2 = 0.0543, p-value = 0.8157), nor past psychiatric diagnosis (X2 = 0.0109, p-value = 0.917). . There was no significant association between administration route and incidence of nausea, which was the most common side effect(X2 = 1.112, p-value = 0.2916). Male gender was also significantly associated with lower incidence of nausea (X2 = 4.2841, p-value = 0.03847).

Conclusions: The group therapy model described provides a comprehensive approach and presents a promising model for operating a KaT program outside of a clinical trial setting.These findings suggest good safety and acceptability for RTT-KaT among individuals seeking treatment for mental health issues. Majority of participants did not experience adverse reactions and the adverse events that were recorded involved transient symptoms that were resolved with rest and/or medications.

Disclosure of Interest: None Declared

EPP0990

Basal and LPS-stimulated inflammatory markers and the course of depression and anxiety symptoms

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Introduction: Multiple studies show an association between inflammation –characterized by increased blood levels of C-reactive protein (CRP) and pro-inflammatory cytokines– and major depressive disorder (MDD). People with chronic low-grade inflammation may be at an increased risk of MDD, often in the form of sickness behaviors. A cross-sectional relationship between low-grade inflammation and anxiety has also been reported, but the potential longitudinal relationship has been less well studied.

Objectives: We aimed to examine whether basal and lipopolysaccharide (LPS-)induced levels of inflammatory markers are associated with depressive and anxiety symptom severity over the course of nine years. We hypothesized that inflammation is predictive of the severity and the course of a subset of symptoms, especially symptoms that overlap with sickness behavior, such as anhedonia, anorexia, low concentration, low energy, loss of libido, psychomotor slowness, irritability, and malaise.

Methods: We tested the association between basal and lipopolysaccharide (LPS)-induced inflammatory markers with individual depressive symptoms (measured using the Inventory of Depressive Symptomatology Self-Report) and anxiety symptoms (measured with the Beck's Anxiety Inventory; BAI, Fear Questionnaire;FQ and Penn's State Worry Questionnaire; PSWQ) over a period of up to 9 years using multivariate-adjusted mixed models in 1147 to 2872 Netherlands Study of Depression and Anxiety (NESDA) participants.

Results: At baseline, participants were on average 42.2 years old, 66.5% were women, and 53.9% had a current mood or anxiety disorder. We found that basal and LPS-stimulated inflammatory markers were more strongly associated with sickness behavior symptoms at up to 9-year follow up compared to non-sickness behavior symptoms of depression. However, we also found significant associations with some symptoms that are not typical of sickness behavior (e.g., sympathetic arousal among others). The associations between inflammation and anxiety symptoms were attenuated by 25%-30% after adjusting for the presence of (comorbid) major depressive disorder (MDD), but remained statistically significant.

Conclusions: Inflammation was not related to depression as a unified syndrome but rather to the presence and the course of specific MDD symptoms, of which the majority were related to sickness behavior. With regard to anxiety symptoms, we found that participants with high levels of inflammatory markers have on average high levels of anxiety consisting of physical arousal and agoraphobia, which tended to persist over a period of nine years, albeit with small effect sizes. These associations were partly driven by co-morbid depression. Anti-inflammatory strategies should be tested in the subgroup of MDD patients who report depressive symptoms related to sickness behavior.

Disclosure of Interest: None Declared

EPP0991

Resting State Functional Connectivity is Associated With Treatment Response in Major Depression: A Real World Study

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Introduction: Major depressive disorder (MDD) is largely considered the most prevalent psychiatric disorder worldwide. Despite its domineering presence, effective treatment for many individuals remains elusive. Investigation into relevant biological markers, specifically neuroimaging correlates, of MDD and treatment response have gained traction in recent years; however, findings are still inconsistent.

Objectives: In this study, we aimed to investigate the resting state functional connectivity patterns associated with treatment response in MDD inpatients in a real world setting.

Methods: Forty-three inpatients suffering from a major depressive episode were recruited from the psychiatric ward at IRCCS San Raffaele Hospital in Milan, Italy. Symptom severity was assessed via the 21-item Hamilton Depression Rating Scale (HDRS). The percentage of decrease in HDRS scores from admission to discharge was then calculated with the formula [(HDRS admission – HDRS discharge) * 100] / HDRS admission. All patients underwent a 3T MRI scan within one week of admission to acquire resting-state fMRI images, which included 200 sequential T2*-weighted volumes. Images were preprocessed using the CONN toolbox, running within Statistical Parametric Mapping (SPM 12). Preprocessing was performed according to a standard pipeline. A voxel-wise metric, intrinsic connectivity contrast (ICC), was implemented to explore the global resting state functional connectivity (rs-FC) patterns associated with treatment response. ICC-derived maps were then entered in the second-level analyses to examine the effect of the percentage of HDRS decrease, including age, sex, admission HDRS