

various tasks as well as some that appear to depend on task conditions.

Conclusions: This study strengthens our understanding of the neural basis of MDD in youth and may also be used to help identify possible similarities and differences between youth and adults with depression. It may also help inform the development of new treatment interventions and tools for predicting unique treatment responses in youth with depression.

Disclosure of Interest: None Declared

EPP0181

Intranasal Oxytocin as an adjunct treatment in patients with major depression with and without comorbid borderline personality disorder

H. Maoz

Shalvata mental health center, Tel-Aviv University, Hod Hasharon, Israel

doi: 10.1192/j.eurpsy.2023.513

Introduction: The mechanisms leading to Oxytocin's differential effects among patients with borderline personality disorder have thus far been elusive.

Objectives: This study was aimed to explore the differential effect of OT administration among depressive patients with or without comorbid borderline personality disorder, and to explore the mediating role of attachment in these differential patterns.

Methods: Patients treated with psychotherapy in an inpatient settings (N=58) were randomized and double-blindly allocated to receive oxytocin or placebo for a period of four weeks. The effect of OT on therapy process and outcome was examined among patients with (n=35) and without (n=23) borderline personality disorder. Moderated mediational models were estimated to explore whether attachment differentially affected the association between oxytocin and treatment outcomes.

Results: patients without BPD showed significantly larger improvements following OT administration ($B=-8.32$, $p=.001$) as compared to placebo in OQ-45. On the other hand, patients with BPD showed no significant improvement following OT ($B=0.61$, $p=.76$). The same pattern was observed in the HSCL, where patients without BPD demonstrated significantly larger improvements following OT administration ($B=-0.29$, $p=.0009$) as compared to placebo, while patients with BPD demonstrated no significant improvement ($B=-0.04$, $p=.55$). Moderated mediational models indicated no significant moderated indirect effect, however, a significant trend of indirect effect only in the BPD group was observed, whereby the no-BPD group showed a stronger direct effect ($\beta=-0.19$, $t=-1.30$, $p=.20$), whereas the BPD group showed a stronger indirect effect ($\beta=-0.72$, $SE=0.45$, $CI=-1.71, -0.00$).

Conclusions: Patients with depression and comorbid BPD benefit less from OT administration as compared depressive patients without such comorbidity. It is possible that the involvement of the attachment system may be associated with the attenuation of OT's effect.

Disclosure of Interest: None Declared

EPP0182

The effect of music to improve sleep quality in depression related insomnia

H. N. Lund^{1*}, I. N. Pedersen², A. Heymann-Szlachcinska³, M. Tuszewska³, G. Bizik¹, J. I. Larsen¹, A. Drago¹, E. Kulhay³, A. Larsen¹, H. Ø. Sørensen³, B. Grønbech³, L. R. Bertelsen², J. B. Valentin⁴, J. Mainz⁵, S. P. Johnsen⁴, N. Hannibal² and R. MacDonald⁶

¹Psychiatry - Unit for depression, Aalborg University Hospital;

²Psychiatry, Aalborg University, Music Therapy Clinic; ³Psychiatry,

Aalborg University Hospital; ⁴Danish Center for Clinical Health

Services Research, Aalborg University; ⁵Psychiatry Management,

Aalborg University Hospital, Aalborg, Denmark and ⁶Reid School of

Music, The University of Edinburgh, Edinburgh, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.514

Introduction: Insomnia in depression is common and difficult to resolve. Music is commonly used as a sleep aid, and clinical trials pointing to positive effects of music as a sleep aid are increasing adding to the evidence base. There is little knowledge on the effectiveness of music for depression related insomnia.

Objectives: A recent RCT study conducted in psychiatry at Aalborg University Hospital examined effects of a music intervention for insomnia in depression. The intervention group listened to music at bedtime for four weeks, controls were offered music intervention post-test. Primary outcome measure was Pittsburgh Sleep Quality Index (PSQI). Secondary outcomes included Actigraphy, The Hamilton depression Rating Scale (HAMD-17) and World Health Organisation well-being questionnaires (WHO-5, WHOQOL-BREF).

Methods: A two-armed randomized controlled trial (n=112) and a qualitative interview study (n=4)

Results: The RCT study showed significant improvements for the music intervention group in sleep quality and quality of life at four weeks according to global PSQI scores (effect size= -2.1, 95%CI -3.3; -0.9) and WHO-5 scores (effect size 8.4, 95%CI 2.7; 14.0). Actigraphy measures showed no changes and changes in depression symptoms (HAMD-17) were not detected.

The interview study unfolded examples of the influences of music on sleep and relaxation. Music distracted, affected mood and arousal positively and supported formation of sleep habits.

Results from the trial are discussed and merged with findings from the interview study. The results from the trial suggested moderate effects of music listening for the population while findings from the interview study showed examples of individual and highly varying outcomes.

Conclusions: Music is suggested as a low-cost, side-effect free and safe intervention in supplement to existing treatments improving sleep in depression.

Disclosure of Interest: None Declared