

pre/post SD response time was slightly higher in the active individuals (0.015, IQR 0.011-0.028 vs. 0.012, IQR 0.003-0.022, $p=0.047$).

Conclusions: This study shows, that a sedentary behavior during SD might improve mood and slightly less impair the response time to auditory or visual stimuli than a higher activity level. Thus, PA could be an important modulator of clinical outcomes observed in individuals with affective disorders subjected to SD. PA should be accounted for in the SD protocols designed for future studies.

Disclosure of Interest: None Declared

EPP0595

Telehealth treatment of patients with major depressive disorder during the COVID-19 pandemic: Comparative safety, patient satisfaction, and effectiveness to prepandemic in-person treatment

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Introduction: The COVID-19 pandemic impelled a transition from in-person to telehealth psychiatric treatment. The COVID-19 pandemic has been depressogenic. Major disruptions in lifestyle due to social isolation, job loss, financial strain, and deaths of neighbors, family and friends are potential contributors to the increased levels of depression due to the pandemic. As one of the core elements of psychotherapeutic approaches towards treating depression is behavioral activation and increased social contact the psychosocial limitations imposed by COVID-19 might make it more difficult to treat depression during the pandemic.

Objectives: There are no studies of partial hospital telehealth treatment for major depressive disorder (MDD). In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we compared the effectiveness of partial hospital care of patients with MDD treated virtually versus in-person.

Methods: Outcome was compared in 294 patients who were treated virtually from May, 2020 to December, 2021 to 542 patients who were treated in the in-person partial program in the 2 years prior to the pandemic. Patients completed self-administered measures of patient satisfaction, symptoms, coping ability, functioning, and general well-being.

Results: In both the in-person and telehealth groups patients with MDD were highly satisfied with treatment and reported a significant reduction in symptoms from admission to discharge. Both groups also reported a significant improvement in positive mental health, general well-being, coping ability, and functioning. A large effect size of treatment was found in both treatment groups. Contrary to our hypothesis, the small differences in outcome favored the telehealth-treated patients. The length of stay and the likelihood of staying in treatment until completion were significantly greater in the virtually treated patients.

Conclusions: In an intensive acute care setting, delivering treatment to patients with MDD using a virtual, telehealth platform was as effective as treating patients in-person.

Disclosure of Interest: None Declared

EPP0596

50% Improvement: Should Treatment Response Go Beyond Symptom Improvement When Evaluating the Treatment of Depression?

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Introduction: The emphasis on symptom resolution in depression treatment research is at variance with the recommendations of official treatment guidelines and the results of surveys of depressed patients' views of the most important treatment goals.

Objectives: In the present study, we examined the interrelationship between response rates on various outcome domains and whether response on each domain was associated with patients' global rating of improvement (PGI) reported upon treatment completion. We also examined whether the PGI was associated with the number of domains on which the patients had achieved responder status and which domains were independent predictors of PGI response.

Methods: Eight hundred and forty-four patients with major depressive disorder completed the Remission from Depression Questionnaire (RDQ), a self-report measure that assesses 6 constructs considered by patients to be relevant to assessing treatment outcome. The patients completed the RDQ at admission and discharge from the treatment program. For each domain, response was defined as a 50% or greater reduction in scores. At discharge, the patients rated the PGI.

Results: The patients significantly improved from admission to discharge on each of the 6 domains assessed on the RDQ. The responders on each domain reported significantly greater improvement on the global rating of improvement at discharge. Responder status in one domain mostly co-occurred with responder status in another domain. In a logistic regression analysis, responses on all domains, except nondepressive symptoms, were independently associated with PGI response.

Conclusions: The results of the present study are consistent with multiple surveys which have suggested that focusing on symptom reduction is too narrow of an approach when measuring outcome in the treatment of depression. Expanding the assessment of outcome beyond symptoms and viewing nonsymptomatic outcome domains as critical composites of primary endpoints would be more consistent with a patient-centered approach towards the treatment of depression.

Disclosure of Interest: None Declared

EPP0597

Social connection and depression: an umbrella review of meta-analyses assessing the magnitude of risk and protection

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