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Introduction: Attributional style (AS) indicates cognitive dispositions for explaining positive and negative events. People with pessimistic AS explain failure with stable and global causes. Previous studies and meta-analyses (Hu et al., 2015; Peterson et al., 1985; Zhang et al., 2014) showed that pessimistic AS for failures is a reliable predictor of depression and ill-being, but the possible mediators of such relations are understudied.

Objectives: Our main objective was to analyse relations of pessimistic AS for success and failure with mental health. We hypothesized that pessimistic AS would be a predictor of low mental health mediated by self-esteem, dispositional optimism, and gratitude.

Methods: A cross-sectional study was conducted on a sample of 261 adults (MA=32.09, SD=12.53, 13% male) using a 24-item attributional style questionnaire (SFASQ, Gordeeva et al., 2009), mental well-being scale (Tennant et al., 2007), self-esteem scale (Rosenberg, 1965), gratitude questionnaire (McCullough et al., 2002), and LOT (Scheier, Carver, 1985).

Results: A path model of effects of pessimistic AS in positive and negative situations on mental ill-being was developed. The model with three mediators fits the data very well: CFI=0.990; RMSEA=0.048. The pessimistic attributional style for positive events was a significant predictor of mental ill-being mediated by self-esteem, dispositional optimism, and gratitude while the indirect effect of pessimistic AS for failures on mental ill-being (controlling for age) was not significant.

Conclusions: Only the pessimistic AS for successes but not for failures was a significant predictor of mental ill-being which underline the importance of stable and global attributions of positive life events for mental health.

Keywords: self-esteem; pessimistic attributional style; mental health

EPP0547

Reduction of depressive symptoms among patients with inflammatory bowel disease treated with biological therapy: A cross sectional study

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Introduction: Previous studies suggest that one of the possible depression pathophysiological pathways is autoimmune inflammation increasing inflammatory mediators' levels and thus affecting mood.

Objectives: To compare depression and anxiety symptoms among inflammatory bowel disease patients receiving TNF- α inhibitors and those receiving treatment as usual (TAU).

Methods: Instruments: Ulcerative colitis activity index, Crohn's disease activity index, the subscale of neurovegetative symptoms of the Beck depression inventory, Hospital anxiety and depression

scale. Active ulcerative colitis or Chron's disease patients not using antidepressants were included in the study and divided into an experimental group (receiving TNF- α inhibitors) and control group (receiving TAU).

Results: 46 patients' data were analyzed. Between the experimental group and the control group, the disease activity index was not significantly different (Chron's disease 3.54 ± 4.20 ; ulcerative colitis 5.70 ± 5.00 ; $p > 0.05$) as well as the mean scores of the neurovegetative depression symptoms subscale of the Beck depression inventory (2.52 experimental ± 3.91 control; $p > 0.05$). The mean score of the hospital anxiety and depression scale were significantly different between both groups (5.22 ± 8.13 ; $p < 0.05$). The mean anxiety subscale scores' $p=0.06$, which shows trend for significance. The mean depressive subscale score was significantly different in the control group (1.43 ± 2.65 ; $p < 0.05$).

Conclusions: Patients treated with biological therapy experienced fewer depression symptoms than patients showing similar disease activity, but receiving TAU.

Keywords: tumor necrosis factor alfa inhibitors; autoimmune depression; inflammatory bowel disease.

EPP0548

Major depression revealing primary hyperparathyroidism: A case report

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Introduction: Psychiatric symptoms associated with Primary hyperparathyroidism (PHPT) involved several presentations; the most characteristic is depression. However, PHPT remains often overlooked by physicians when making differential diagnosis for patients with psychiatric disorders, particularly in the elderly.

Objectives: We proposed to describe the clinical and therapeutic characteristics of major depression secondary to PHPT.

Methods: We report a case of PHPT revealed by depression. Then, we conducted a literature review using "PubMed" database and keywords "primary Hyperparathyroidism", "depression".

Results: A 73-year-old man presented with a 3-month history of depressed mood, loss of interest, clinophilia, poor concentration, and weight loss. These symptoms were associated with epigastralgia and constipation not responding to symptomatic treatment. The etiological assessment was normal. The diagnosis of major depression was established, and the patient was treated with Sertraline (25 mg/day). After one month of treatment, somatic and psychiatric symptoms worsened. Physical examination revealed a deteriorated general condition, dehydration, and cardiac arrhythmia. Blood analysis revealed renal failure, hypercalcemia (4.2mmol/L), hypophosphatemia (0.4mmol/L), and increased parathyroid hormone level (180 pg/ml). The patient was hospitalized in intensive care unit. Cervical echography showed 2 hyperparathyroid adenomas, and diagnosis of PHPT was established. Under symptomatic treatment, the patient's somatic and psychiatric condition improved. An hyperparathyroidectomy is undergone soon.

Conclusions: This case highlighted the importance of considering a primary psychiatric disorder as a diagnosis of exclusion, especially