NEUROABSTRACTS

The Relation of Social Withdrawal Subtypes with Substance Use and Mental Health Difficulties in the Context of Social Engagement Over the COVID-19 Pandemic

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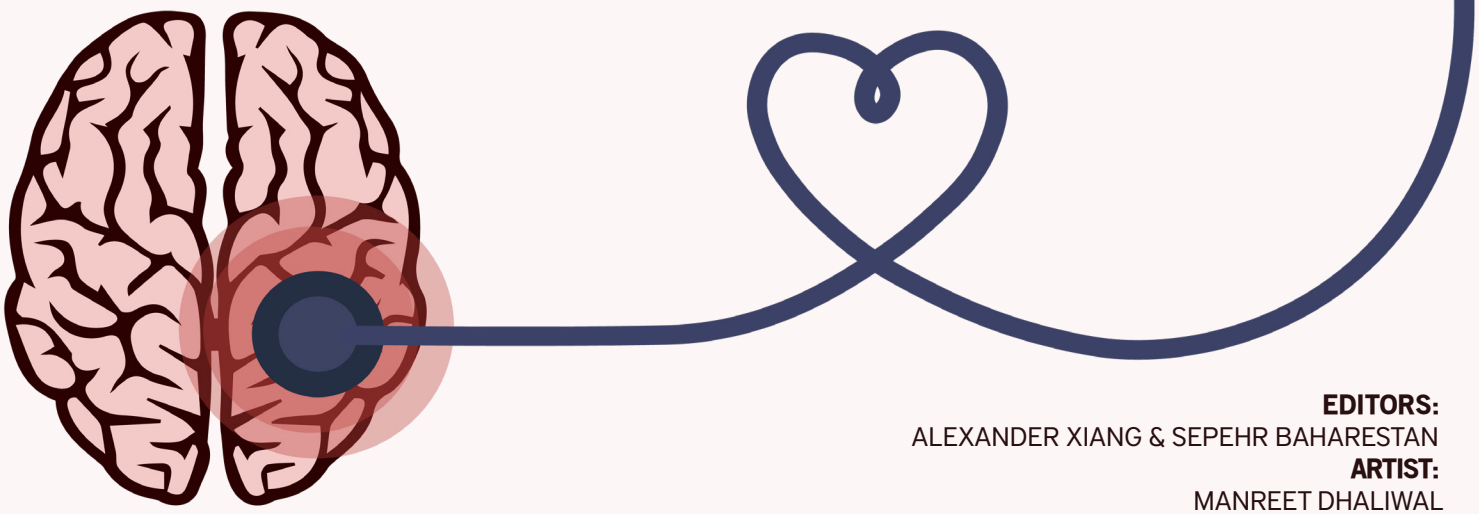
Individual differences in social withdrawal may lead to differences in susceptibility to socioemotional ramifications related to the COVID-19 pandemic (e.g., substance use and mental health difficulties). Social withdrawal can be categorized into three subtypes: conflicted shyness (high shyness and high sociability), avoidant shyness (high shyness and low sociability), and unsociability (low shyness and low sociability). According to the literature, individuals with conflicted shyness are at particularly elevated risk for developing substance use difficulties.

The primary purpose of this study was to examine whether changes in levels of social engagement during the pandemic moderated the relation between conflicted shyness and changes in substance use. The findings will help evaluate speculations as to why conflicted shyness is related to high substance use. The secondary purpose of this study was to examine patterns of change in substance use and mental health difficulties (i.e., symptoms of depression and anxiety) over the pandemic in relation to individual differences in social withdrawal.

Undergraduate students completed an online survey in which they retrospectively reported their levels of social engagement, substance use, depression, and anxiety during different stages of the pandemic. The Emerging Adult Social Preference Scale-Revised was used to index social withdrawal subtypes.

Contrary to our prediction, no significant correlation was found between conflicted shyness and changes in substance use over the pandemic. Moreover, our regression model revealed that conflicted shyness and changes in social engagement over the pandemic did not significantly interact to predict changes in substance use. Despite the lack of a significant correlation indicated by our study, our findings extend previous research and suggest that there may be other factors underlying the relation between conflicted shyness and substance use.

Moreover, unsociability was negatively correlated with changes in depressive symptoms over the pandemic. Hence, individual differences in social withdrawal may have influenced people's vulnerability to the stressors of the pandemic. This finding also suggests that the mental health of unsociable individuals may benefit from reduced social engagement. Further investigation could lead to the development of new intervention techniques for treating unsociable individuals with depressive symptoms.



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The Structure of Resilience and Adverse Childhood Experiences in Borderline Personality Disorder

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Resilience refers to one's ability to adapt to stressors; it moderates the severity of the psychological ramifications of stressors. According to the authors whose works have been referenced, this relation has not been investigated in the population of individuals diagnosed with borderline personality disorder (BPD). Adverse Childhood Experiences (ACEs) are major risk factors for BPD, leading to greater symptom severity and poorer treatment outcomes.

The current study hypothesizes that higher resilience would weaken the relation between ACEs and BPD, and vice versa. 45 individuals with a primary diagnosis of BPD completed the following questionnaires after a psychoeducation session and prior to treatment: The Borderline Symptom List-23 (BSL-23), the Childhood Trauma Questionnaire —Short Form (CTQ-SF), and the Brief Resilience Scale (BRS). A linear regression analysis revealed that resilience and ACEs can predict BPD symptoms with significant accuracy. Specifically, it was determined that participants with higher degrees of resilience experienced milder BPD symptoms, $r(43) = -.35$, $p < .05$, and participants with higher exposure to ACEs experienced more severe BPD symptoms, $\tau b = .29$, $p < .01$. To the author's knowledge, this is the first quantitative study establishing a relation between BPD and resilience.

On the other hand, the moderation analysis yielded statistically insignificant results, suggesting that resilience does not moderate the relation between ACEs and BPD. Resilience may diminish the severity of BPD symptoms, suggesting that BPD treatments should incorporate resilience-improving strategies. In lieu of developing a standard measure of resilience, future studies should attempt to replicate this finding using other scales or physiological indicators of resilience. Furthermore, this study was cross-sectional and thus cannot determine a causal link between BPD, resilience, and ACEs. Future studies should investigate the relation between BPD, resilience, and ACEs prospectively to establish a temporal relationship between these factors.

Depressive Symptoms and Inflammatory Markers Following Acute Myocardial Infarction: A Systematic Review

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Among patients with recent acute myocardial infarction (AMI), there is an increased prevalence of depression which is associated with increased morbidity, mortality, and rehospitalization. Yet, depression is frequently underdiagnosed and undertreated in patients following AMI. The paucity of data informing the management and treatment of depression in this population emphasizes the need for further investigation into the pathophysiological relationship between depression and AMI. Depressive symptoms following AMI may arise due to a range of factors, including the activation of the immune system. However, the specific role of inflammation in the etiology of both depression and AMI remains poorly understood.

The present review systematically identifies and critically evaluates the relevant inflammatory biomarkers of depression in the high-risk AMI population. Articles published between January 1st, 2000, and December 31st, 2020 in the PubMED, Cochrane, EMBASE, and Web of Science databases were assessed. A total of 30 documents were considered and found eligible for this review. The inflammatory biomarkers reviewed include tumor necrosis factor-α (TNF-α), interleukin (IL)-1, IL-6, IL-8, IL-10, IL-17a, IL-18, IL-12p70, interferon (IFN), C-reactive protein (CRP), intracellular adhesion molecule-1 (ICAM-1), endothelin-1 (ET-1), platelet factor 4 (PF4), and beta-thromboglobulin (BTG). The studies reviewed suggest sustained, low-grade inflammation is an important component of depression following AMI. TNF-α, CRP, and IL-6 showed significant promise as reliable indicators for depression following AMI. Further investigation of the inflammatory markers detected in patients with post-AMI depression will extend the pathophysiological understanding of this condition and potentially lead to the identification of novel therapeutic targets.

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