

venlafaxine could precipitate the start of a CVE in genetically susceptible individuals. Therefore, identify and clarify potential risk factors other than previous history of CVE is critical to reduce morbidity and mortality in these patients.

**Disclosure:** No significant relationships.

**Keywords:** Electroconvulsive therapy; Cardiovascular; Depression

## EPV0625

### Utilization of Psychiatric Team Driven Ketamine Infusions

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**Introduction:** In 2018 Missouri University Psychiatric Center, an inpatient psychiatric hospital established a ketamine infusion team to treat severely depressed and acutely suicidal clients. Over 80 infusions were delivered over three years, with positive outcomes and minimal side effects.

**Objectives:** To evaluate outcomes of an inpatient psychiatric intravenous ketamine team to deliver treatment without anesthesia colloabration, which could open the horizon for future intravenous medications in a psychiatric inpatient setting.

**Methods:** A team consisting of a psychiatrist supported by a psychiatric PA, psychiatric pharmacist, and a mental health nurse developed a protocol including physical and mental health screening, inclusion/exclusion criteria, dosing, and client monitoring. For data collection, the team monitored vital signs and mental status changes for tolerability and depression screening tools for efficacy.

**Results:**

**Table 1:** Ketamine Infusion Data

Total Clients	32
Male	15
Female	17
Dosing	0.5mg/kg adjusted bodyweight infused over 40 minutes
Average Baseline Depression Screening (PHQ or QIDS)*	20.8
Average Baseline Follow up Screening (PHQ or QIDS)*	7.5
Average Change in Screening Score (PHQ or QIDS)*	-14.1
% Change From Baseline in Screening Score (PHQ or QIDS)*	65.5%
Adverse Events Documented	Dissociation 5 (15.6%); Nausea/Vomiting 3 (.09%), Extreme Euphoria 2 (.06%); sedation 1 (.03%); BP Increase 1 (.03%)

**Conclusions:** Overall, ketamine infusions were tolerated well with limited adverse drugs reactions reported or observed and were easily addressed by the team without any serious adverse events. Given the rapid improvement of symptoms and overall tolerability,

intravenous ketamine infusions conducted solely by a psychiatric-based team advances our field for further treatment modalities.

**Disclosure:** No significant relationships.

**Keywords:** Ketamine; Suicidal Ideations; intervention; Depression

## EPV0627

### A comparison between patients who suffer from major depression and are treated with Esketamine – one group participates in group therapy and the other one does not

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**Introduction:** Major depressive disorder is present in approximately 7% of the general population. There are some patients that remain treatment-resistant - patients who were treated with two or more different medications and did not demonstrate any improvement in their mental state. These patients can be treated with a new treatment – Esketamine. The recommended Esketamine treatment protocol includes 8-treatment sessions, each session lasts about two hours. In our clinic, we added a therapy group after each treatment. The therapy group is led by two co-therapist and lasts 30 minutes. The patients are invited to share their experiences from the session, their thoughts and emotions.

**Objectives:** The study that we will present was conducted in the Esketamine treatment unit at a psychiatric hospital. There were two groups - 1. A group whose treatment included a therapeutic group at the end of each Esketamine treatment (n=30); 2. A group whose treatments did not include a therapeutic group at the end of the Esketamine treatment (n=30).

**Methods:** The current study examines the role of the therapeutic group. It compares between the standard treatment protocol, with and without a therapeutic group. All participants completed three questionnaires, about their emotions, three times during the treatment (before the first session, after 4 sessions and after 8 sessions).

**Results:** We will present first results as well as vignette to demonstrate.

**Conclusions:** The expectation is to find a better patient experience and a better insight about the clinical changes following the Esketamine treatment, in the group which participates in the therapy group

**Disclosure:** No significant relationships.

**Keywords:** resistance; major depression; esketamine; group therapy

## EPV0628

### Levothyroxine supplementation among individuals with Subclinical Hypothyroidism and Depression | a review

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**Introduction:** Depression is known to be associated with changes in the hypothalamic-pituitary-thyroid axis and the brain is a major