are often residual symptoms that are not well treated, including cognitive impairment and anhedonia. The development of novel treatment for depression is particularly challenging given the limited predictive validity of animal models. Human neurocognitive models of antidepressant action can help to bridge the translational gap and allow rapid investigation of novel compounds in healthy volunteers and people with depression. In this talk, using the 5-HT_4 receptor as an example of a novel target of interest, I will outline how these objective neurocognitive models can be used as a translational tool to understand antidepressant treatment mechanisms, guide treatment selection and test novel putative antidepressants early in development.

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S0004

Symptom-level effects of SSRIs in depression studies in a large-scale study programme: efficacy, effects of baseline severity, impact on suicidality, and more

J. Näslund[1,2]

[1]Department of Affective Disorders, Sahlgrenska University Hospital and [2]University of Gothenburg, Institute of Neuroscience and Physiology, Department of Pharmacology, Gothenburg, Sweden
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Abstract: Conclusions about the efficacy of antidepressants, such as the selective serotonin reuptake inhibitors (SSRIs), in clinical trials have generally been based on analyses of total sum scores on psychometric rating scales, mainly the Hamilton Depression Rating Scale (HDRS). However, this rating scale has several drawbacks, such as multidimensionality and a tendency of several items to pick up side-effects. Therefore, analyses that only rely on global drug treatment effects on the HDRS and similar scales risk misrepresenting important properties of any drugs investigated.
This presentation concerns the findings of a research project investigating item-level effects of SSRIs in treating depression in a material encompassing 8262 patients having participated in pre- and post-marketing industry-sponsored studies concering paroxetine, sertraline or citalopram. This has been a fruitful endeavour, having resulted in numerous research papers. Though our main focus at the outset was to investigate if a comparatively low efficacy of SSRIs in clinical trials was an artefact related to the use of HDRS sum scores as the main outcome (which was indeed the case), we have also used this material to investigate a number of other important questions relating to the influence of SSRIs on the various symptoms experienced by patients with depression. Major findings discussed in the presentation include: i) confirmation of early (but not widely known) reports that SSRIs significantly reduce core depression symptoms already after a week of treatment ii) strong evidence for SSRIs being equally effective in treating core depressive symptoms in mild as well as severe depression, earlier reported differences apparently being explained by differences in terms of effects (and prevalence) of non-core symptoms iii) SSRIs do not seem to exacerbate suicidality as measured by the relevant item of the HDRS scale - indeed, both average scores as well as likelihood of worsening are significantly reduced already at week 1. The implications of these, and other, findings are discussed in relation to both the role of SSRIs in the clinic as well as pre-clinical research into e.g. the mode of action of these drugs.

Disclosure of Interest: None Declared

S0005

Evidence that Moved Psychedelic Medicine from the Fringe to the Mainstream in 2022

M. Bogenschutz

Psychiatry, NYU Grossman School of Medicine, New York, United States
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Abstract: Interest in possible clinical uses for psychedelic drugs has grown steadily over the past decade. Although impressive findings from small studies stimulated considerable speculation and provided a strong justification for further study of psychedelic treatments, until very recently there was a dearth of high-quality evidence for their efficacy, mechanisms of action, and appropriate treatment models for clinical use. However, during the past 2-3 years, there have been dramatic advances in the field. This presentation will focus on 5 publications in the field of psychedelic medicine that exemplify three important aspects of the recent progress in psychedelic research. (1) There has been a rapid increase in the number and size of controlled clinical trials of various psychedelic treatments. (2) Conceptual models for studying and potentially understanding the therapeutic effect of psychedelics have increased in sophistication and comprehensiveness. And (3) progress has been made toward developing models of treatment that would facilitate access to safe and effective psychedelic treatments, if and when they are approved by regulatory bodies. Although progress has been rapid, the field of psychedelic medicine is still in its infancy. Much more work on these and many other fronts will be necessary to discover what the study of psychedelics can contribute to healthcare and neuroscience.

Disclosure of Interest: None Declared

S0006

Is the total score of the Hamilton Depression Rating Scale affected by side effects of SSRIs and SNRIs?

S. D. Østergaard

Aarhus University Hospital - Psychiatry, Aarhus, Denmark
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Abstract: This talk will focus on the pitfalls of using multidimensional rating scales to measure the severity of depression – with particular emphasis on the Hamilton Depression Rating Scale (HDRS-17). First, the history behind the development of the HDRS-17 will be briefly covered. Second, it will be argued that the HDRS-17 measures symptoms that overlap with common antidepressant side effects (gastrointestinal dysfunction, sexual dysfunction, somatic anxiety and sleep disturbances), making it possible that side effects of antidepressant treatment are erroneously rated as symptoms of depression.
The rest of the talk will focus on the results of a recent study (1) in which we used individual-level data from antidepressant treatment

trials to assess whether side effect ratings co-vary with HDRS-17 ratings. Specifically, data from all HDRS-17-rated, industry-sponsored pre- and post-marketing trials (n = 4647) comparing the serotonin and noradrenaline reuptake inhibitor, duloxetine, to placebo and/or to a selective serotonin reuptake inhibitor were pooled. Severity was assessed for side effects related to sleep, somatic anxiety, gastrointestinal function, and sexual dysfunction. Analysis of covariance was used to assess the relation between these side effects and ratings of relevant HDRS-17-derived outcome parameters. Side effects related to sleep, somatic anxiety and sexual dysfunction significantly and exclusively associated with higher scores on HDRS-17 items measuring the corresponding domains. Side effects related to gastrointestinal function associated with higher HDRS-17 item scores on all assessed domains. Treatment outcome was significantly related to side effect severity when assessed using HDRS-17-sum (beta 0.32 (0.074), $p < 0.001$), but not when the HDRS-6-sum-score (beta 0.035 (0.043), $p = 0.415$) or the depressed mood item (beta 0.007 (0.012), $p = .527$) were used as effect parameters. That some HDRS-17 items co-vary with common antidepressant side effects likely leads to an underestimation of antidepressant efficacy. Finally, based on data from a recent study (2), it will be argued that the Montgomery-Åsberg Depression Rating Scale is biased in the same direction as the HDRS-17 (underestimates antidepressant efficacy), albeit to a lesser extent.

References: 1. Hieronymus et al. Do side effects of antidepressants impact efficacy estimates based on the Hamilton Depression Rating Scale? A pooled patient-level analysis. Transl Psychiatry. 2021;11:249.
2. Hieronymus et al. The response pattern to SSRIs as assessed by the Montgomery-Åsberg Depression Rating Scale: a patient-level meta-analysis. World Psychiatry. 2022;21:472-473.

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S0007

Digital tools for at-distance psychiatric support in war time

N. O. Maruta

boderline disorders department, "Institute of Neurology, Psychiatry and Narcology of the National Academy of Medical Sciences of Ukraine" State Institution, Kharkiv, Ukraine
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Abstract: Digital technologies help to improve the work of psychiatric services through the use of modern approaches.

The use of telepsychiatry (TP) during war allows people with psychiatric disorders to receive quality treatment that would otherwise be unavailable.

TP and other digital technologies are an important resource for providing psychiatric care to internally and externally displaced persons affected by war.

As our experience shows, the conditions for effective use of TP are availability of legislative, technical and staff base. The services are implemented according to the protocol, which defines the methods of treatment's effectiveness evaluation.

The presentation will provide methodological approaches to the use of TP and other digital tools.

Disclosure of Interest: None Declared

S0008

Current Controversies in Antidepressant Therapy: A Patient-level Perspective

F. Hieronymus[1,2]

[1]Department of Clinicla Medicine, Aarhus University, Aarhus, Denmark and [2]Institute of Neuroscience and Physiology, University of Gothenburg, Gothenburg, Sweden
doi: 10.1192/j.eurpsy.2023.45

Abstract: The value of pharmacological antidepressants have been contested since they were first introduced in the 1960s, but the points of contention have varied over time. This session will examine and critically discuss some of the concerns that are commonly voiced today, with particular emphasis on the evaluation of efficacy. The session will cover topics such as the utility of dichotomized outcome measures (e.g., response and remission) and whether the use of these measures risk inflating apparent efficacy, whether antidepressant effect sizes are too small to be clinically meaningful, and whether there is individual variability in the response to pharmacological antidepressants.

Disclosure of Interest: F. Hieronymus Speakers bureau of: I have received speaker's fees from Janssen and H Lundbeck.

S0009

What does the immunometabolic status tell us about depression?

P. Lopez-Garcia

Psychiatry, Universidad Autonoma de Madrid, Madrid, Spain
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Abstract: Despite being a clinical identifiable entity, major depressive disorder (MDD) is an heterogenous clinical syndrome, with a variety of clinical presentations which likely reflects different biological underpinnings. The identification of biologically-based depression symptoms profiles would be of great importance to unravel different pathophysiological pathways in MDD and therefore to achieve more precise and personalized therapeutical approaches as well as preventive strategies.

Converging evidence from epidemiological and clinical studies, points to the importance of inflammation in MDD, shown by increased levels of pro-inflammatory proteins and increased