

Methods: A biographical review was performed using the PubMed platform. All relevant articles were found using the keywords: seasonal affective disorder, treatment, and winter depression.

Results: The main treatments are: lifestyle measures – including getting as much natural sunlight as possible, exercising regularly and managing your stress levels, light therapy – where a special lamp called a light box is used to simulate exposure to sunlight, talking therapies – such as cognitive behavioral therapy (CBT) or counseling, antidepressant medicine – such as selective serotonin reuptake inhibitors (SSRIs)

Conclusions: Light therapy can be a very effective treatment for SAD, with most seeing an improvement of symptoms within the first week. A powerful lamp that replicates natural light, high-quality light boxes are recommended as they allow patients to spend a shorter time (up to 30 minutes at a time) using them.

Disclosure of Interest: None Declared

EPP0988

Lower thyroid stimulating hormone concentrations linked to suicidal ideations among individuals with anxiety and mood disorders

V. Liaugaudaitė^{1*}, A. Podlipskytė¹, J. Burkauskas¹, N. Mickuvienė¹, V. Adomaitienė², E. Zauka² and V. Steiblienė¹

¹Laboratory of Behavioral Medicine, Neuroscience Institute, Lithuanian University of Health Sciences, Palanga and ²Clinic of Psychiatry, Lithuanian University of Health Sciences, Kaunas, Lithuania

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1263

Introduction: Suicidal behavior is quite common in individuals with anxiety and mood disorders (AMD). One of the coexistence factors in suicidal behavior is thyroid dysfunction, however the results are still controversial (Shen et al. *J Affect Disord* 2019;(1) 180-185; Zhou et al., *Transl Psychiatry*. 2021;11(1):97). The role of thyroid function in suicidal ideation among individuals with comorbid AMD have not been thoroughly investigated.

Objectives: The aim of this cross-sectional study was to identify potential associations between thyroid function and suicidal ideation in a sample of individuals with anxiety and mood disorders.

Methods: This exploratory study comprised 77 consecutive individuals with AMD (age range 18-73 years, 76% were females) attending the Psychiatry Day care unit. All individuals have been evaluated for current psychiatric diagnoses, suicidal ideation using the Mini International Neuropsychiatric Interview [M.I.N.I. 7.0.2]) as well as for socio-demographic factors and for current psychotropic medication use. Severity of depression and anxiety symptoms have been evaluated using the Patient Health Questionnaire-9 (PHQ-9) and the General Anxiety Disorder-7 (GAD-7). The biochemical blood tests were performed for the concentrations of thyroxine (FT4), triiodothyronine (FT3) and thyroid stimulating hormone (TSH). The univariate and multivariable logistic regression analyses were used to assess the association between biochemical parameters and suicidal ideation.

Results: Of all study individuals with AMD – 56% have been identified as having current SI. There were not significant differences according to age, gender, education, BMI, smoking, depression and anxiety symptoms and current psychotropics use between

SI and non-SI individuals. Serum FT4, FT3 and TSH concentrations were within normal range. However individuals with SI had significantly lower TSH concentrations in comparison to the non-SI (1.54 (0.77) vs. 2.04 (1.22) IU/L, respectively; $p = 0.049$), without significant differences in FT4 and FT3 concentrations. A multiple logistic regression, adjusting for sociodemographic factors and severity of mental symptoms revealed, that non-SI individuals with AMD were likely to have higher TSH levels than SI (odds ratio = 2.15 (95% CI 1.10–4.22; $p = 0.027$).

Conclusions: Among individuals with AMD, lower levels of TSH concentrations have been associated with presence of suicidal ideation, independently of sociodemographic factors and severity of depression and anxiety.

Disclosure of Interest: V. Liaugaudaitė Grant / Research support from: European Union (project No P-PD-22-150) under the agreement with the Research Council of Lithuania (LMTLT), A. Podlipskytė: None Declared, J. Burkauskas Consultant of: Cronos, N. Mickuvienė: None Declared, V. Adomaitienė: None Declared, E. Zauka: None Declared, V. Steiblienė: None Declared

EPP0989

Safety and Tolerability of Intramuscular and Sublingual Ketamine for Psychiatric Treatment in the Roots to Thrive Ketamine Assisted Therapy Program

V. W. L. Tsang^{1*}, B. Tao¹, S. Dames², Z. Walsh³ and P. Kryskow²

¹Psychiatry, UBC, Vancouver; ²Health and Human Services, Vancouver Island University, Nanaimo and ³Psychology, University of British Columbia, Kelowna, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1264

Introduction: Ketamine has been increasingly used to treat mental health conditions yet there is a lack of safety data on intramuscular (IM) and sublingual (SL) dosing in a community setting. The Roots to Thrive Ketamine assisted Therapy (RTT-KaT) program is a 12-week program with 12 Community of Practice (CoP) group therapy sessions and three ketamine sessions.

Objectives: To provide preliminary data on RTT-KaT adverse events to subsequently inform safe use of IM and SL ketamine for the treatment of psychiatric disorders.

Methods: Retrospective chart review of the RTT-KaT Program on four cohorts ($n=128$) between September 2020 to December 2021. Eligible patients include those with post-traumatic stress disorder, depression, generalized anxiety, burnout/adjustment disorder, substance use disorder, obsessive compulsive disorder, disordered eating, and disordered sleep. Baseline characteristics and adverse events were captured including medication administration before, during, and after RTT-KaT sessions. Chi-squared test with Yates' continuity correction was used to assess side effects in subgroups from ketamine administration.

Results: RTT-KaT was well tolerated with no loss to follow up. There were 351 IM (mean dose = 102.553mg) and 96 SL (mean dose = 276.667mg) sessions of ketamine. Of the 448 sessions, the prevalence of elevated blood pressure increased by 12.31% from baseline (36.85%), with all post-treatment elevations being transient. The prevalence of elevated blood pressure post-KaT session was also similar between IM (+11.69% from 37.71% baseline) and SL (+15.12% from 32.98% baseline) administration. Regarding