in the form of intranasal ketamine is an option, but concerns over cognitive impairment, interstitial cystitis and significant addictive potential related to longer use of ketamine are significant limiting factors. rTMS is a first-line treatment option for patients with TRD according to the Canadian CANMAT guidelines. However, the majority of patients may relapse following the course of rTMS. The maintenance rTMS over an extended period of time is usually not feasible as it may significantly affect the waiting time for newly referred patients. Portable TMS machine for home use would be an alternative option for a limited number of patients.

Conclusions: Maintenance treatment has been always a big clinical challenge in mood disorder psychiatry. Only well-established multimodal treatment is a realistic option for getting long-term benefits in treating patients with TRD.

Disclosure: No significant relationships.
Keywords: treatment resistant depression; ECT; rTMS; ketamine

EPV0606

The effect of Working Alliance on drug attitude in patients with Major Depressive Disorder

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Introduction: Working Alliance is defined as the emotional bond and the agreement on therapeutic goals and tasks between patients and therapists. Despite the wide use of the construct of working alliance in research on psychotherapy, few studies have investigated the role of working alliance in influencing adherence to pharmacotherapy, and drug attitude. A deeper knowledge of the interplay between working alliance and drug attitude could help to challenge low adherence to psychopharmacological treatments in Major Depressive Disorder.

Objectives: This study aimed to investigate the relationship between working alliance and drug attitude in patients with Major Depressive Disorder.

Methods: 27 patients admitted in the Psychiatric Unit of Careggi with diagnosis of Major Depressive Disorders were enrolled. Working Alliance Inventory - patient version (WAI-P), Drug Attitude Inventory (DAI) and Beliefs about Medicines (BMQ) were administered. Pearson's correlation was used to assess relationships between variables.

Results: A significant positive correlation was detected between BMQ total scores, DAI total scores and WAI-P task, bond, and goal subscales.

Correlations between WAI-P subscales and BMQ and DAI total scores				
	DAI total scores		BMQ total scores	
	r	p	r	p
WAI-P task	0.551	**0.003**	0.613	**0.001**
WAI-P bond	0.430	**0.001**	0.560	**0.004**
WAI-P goal	0.621	**0.001**	0.603	**0.002**

Conclusions: Such preliminary data suggest a relationship between Working Alliance and drug attitude. This could contribute to provide tools to challenge low adherence to psychopharmacological treatments in patients with Major Depressive Disorder.

Disclosure: No significant relationships.
Keywords: Working Alliance; Drug attitude; beliefs about medicines; major depressive disorder

EPV0607

Different phenotypic assessment of depression prevalence in Russian population: DSM-criteria vs HADS

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Introduction: Because of different phenotypic approaches, data on depression prevalence is variable and controversial.

Objectives: The aim was to evaluate the prevalence of different depressive phenotypes in the Russian population (DSM criteria based self-report vs HADS questionnaire).

Methods: The data was from the on-line survey of 5116 clients of Genotek Ltd. (males - 50,63%; age - Me=35 (Q1-30;Q3-42)). The survey included questions on sex, age; sel-report adapted major depression DSM-V criteria questionnaire and depression subscale of Hospital Anxiety and Depression Scale.

Results: DSM Major depression phenotype was detected with moderately-high prevalence - 17,67% (N=904). The DSM depression phenotype was more prevalent in women (22,72%) compared to men (12,74%, p<0,001) and in younger individuals (10,18%, p<0,001) compared to older ones (6,16%). HADS-D clinical depression phenotype (score>11) was less prevalent (3,4%) with no significant differences for sex and age. However, the prevalence increased with HADS-D subclinical scores (>8) - 14,97%. HADS-D scores were higher in DSM-depression phenotype individuals compared to ones without DSM phenotype (5,822(3,221) vs. 3,893 (2,437), p< 0,001).

Conclusions: Our results showed variable prevalence of depression with different phenotypic approaches. The differences could be associated with the clinical severity of the symptoms and the lifetime evaluation in DSM compared to only current symptoms for HADS. Further research is needed to understand the factors affecting the phenotyping approaches and providing the most effective and valid instrument for depression prevalence evaluation. Research is supported by an RSF grant №20-15-00132.

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Keywords: Depression; phenotyping; HADS; Epidemiology