EPV0431

When the SAINT goes marching in – A novel transcranial magnetic stimulation protocol shows miraculous promise

J. D. Vieira de Andrade* and M. J. Brito

Psychiatry Integrated Responsibility Centre, Coimbra Central University Hospital, Coimbra, Portugal
*Corresponding author.
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Introduction: Transcranial Magnetic Stimulation (TMS) is a non-invasive neuromodulation tool with a growing body of clinical evidence demonstrating positive outcomes in patients with treatment-resistant depression (TRD) as sole or adjuvant therapy. Theta-burst stimulation (TBS), specifically intermittent TBS (iTBS), uses short intermittent pulse trains to cut each session's duration to 10% of the original repetitive TMS protocol sessions, making it a more appealing option given that it shows similar efficacy. Nevertheless, the number of sessions required remains the same, with a single protocol lasting around 4 to 6 weeks, or longer. However, a new protocol has very recently been approved by the FDA for application in TRD, called the SAINT (Stanford Intelligent Accelerated Neuromodulation Therapy), which reduces treatment duration to 5 days.
Objectives: To ascertain what evidence supports the SAINT protocol and its efficacy by reviewing available published literature.
Methods: A PubMed database search was performed and the main findings of selected studies were summarized.
Results: Three articles were found, which consisted of clinical trials with small study samples of TRD patients. One study found a 90% remission rate after the aforementioned 5-day treatment regimen, with another reporting a 79% response rate after a double-blinded trial. All studies reported no difference in tolerability compared with regular iTBS protocols.
Conclusions: The SAINT protocol shows promising preliminary results, with efficacy, tolerability and safety of use comparable with that of TMS protocols already in use. The reduction in treatment duration that this intensive option is based on is a significant improvement for applicability in clinical practice, which might increase patient compliance and offer quicker results. Further studies are required to evaluate whether the remission rates are maintained in the long term.

Disclosure of Interest: None Declared

EPV0434

Assessment of quality of life and cognitive dysfunction among patients with Major Depressive Disorder

L. Abbasi[1]*, T. Mazzawi[1] and T. Daradkeh[2]

[1]Faculty of Medicine, Al-Balqa Applied University, Salt and [2]Jordan University of Science and Technology, Irbid, Jordan
*Corresponding author.
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Introduction: Major Depressive Disorder (MDD) is associated with high mortality, disability and morbidity. Studies demonstrated mixed results on effects of depression treatments on quality of life (QOL).
Objectives: To evaluate the severity of depression among Jordanian patients diagnosed with MDD before and after treatment and to find any relationship between QOL, depression severity and perceived cognitive dysfunction.
Methods: Patients from both genders, 18-65 years old and diagnosed with MDD were included to attend two visits; at baseline and 6 weeks after treatment, in each they completed three questionnaires: Patient Health Questionnaire (PHQ-9) for depression severity, patient-rated Perceived Deficit Questionnaire (PDQ-5) for cognitive function, and World Health Organization Quality of Life Brief (WHOQOL-BREF) format.
Results: A total of 92 patients completed the study. The scores of the different questionnaires and their correlations before and after treatment are presented in tables 1 and 2. Correlations between PHQ-9 and PDQ-5 before and after treatment are illustrated in figs 1 and 2, respectively.

Table 1: Total scores for WHOQOL-BREF format, PDQ-5 and PHQ-9, before and after treatment

Questionnaire	Before	After	*P*-value
General quality of life	2.5±1	3.5±0.7	<0.0001
General health satisfaction	2.3±1	3.4±0.9	<0.0001
Physical health (Domain 1)	10±2.6	13.9±2.6	<0.0001
Psychological (Domain 2)	8±2.3	12.6±2.3	<0.0001
Social relationships (Domain 3)	9±3.2	12.8±2.8	<0.0001
Environment (Domain 4)	12.3±3	14.4±7.5	0.0003
Patient-rated Perceived Deficit 5 (PDQ-5)	13±4.4	7.2±4	<0.0001
Patient health questionnaire 9 (PHQ-9)	19±5.4	7.1±5.1	<0.0001

Values are presented as mean±SD. Analysis: Paired *t* test. P<0.05 is significant.

Table 2: Correlations between total scores for all of the domains for WHOQOL-BREF and PDQ-5, and between WHOQOL-BREF and PHQ-9, before and after treatment

	Patient-rated Perceived Deficit 5 (PDQ-5)		Patient health questionnaire 9 (PHQ-9)	
Domains/Facets	Before (r, p)	After (r, p)	Before (r, p)	After (r, p)
General quality of life	-0.38, 0.0001	-0.26, 0.01	-0.55, <0.0001	-0.49, <0.0001
General health satisfaction	-0.24, 0.02	-0.14, 0.2	-0.51, <0.0001	-0.48, <0.0001
Physical health (Domain 1)	-0.37, 0.0003	-0.50, <0.0001	-0.57, <0.0001	-0.76, <0.0001
Psychological (Domain 2)	-0.46, <0.0001	-0.43, <0.0001	-0.58, <0.0001	-0.68, <0.0001
Social relationships (Domain 3	-0.37, 0.0002	-0.37, 0.0002	-0.42, <0.0001	-0.40, <0.0001
Environment (Domain 4)	-0.52, <0.0001	-0.21, 0.047	-0.36, 0.0004	-0.12, 0.2

Spearman correlation (r); P<0.05 is significant. WHOQOL: World Health Organization Quality of Life.

Image:

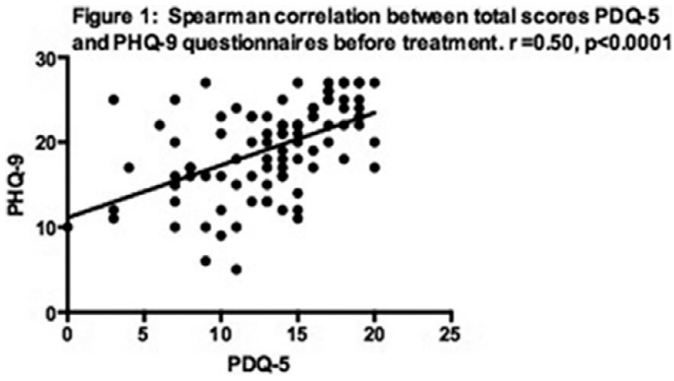
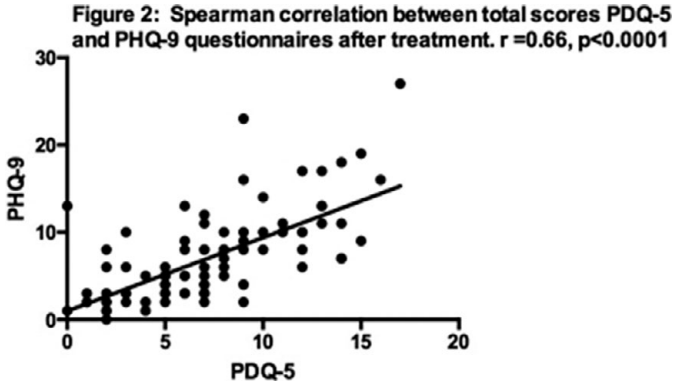


Image 2:



Conclusions: Significant improvements were found in the symptoms of depression, cognition and QOL in patients with MDD after treatment. Depression severity significantly inversely correlated with QOL and cognition of MDD patients.

Disclosure of Interest: None Declared

EPV0435

Measurement-based care vs. standard care for major depressive disorder in Pakistan: protocol for a randomized control trial

I. Husain[1], M. Umer[1]*, Z. Nigah[2], T. Kiran[2], A. Bukhsh[2], M. Ansari[3], M. R. Bhatia[4], O. Husain[1], H. Naqvi[5], A. Qadir[2], M. Saqib[2], A. H. Rajput[3], M. A. Zeb[6], S. A. Khan[7], K. M. S. Siddiqui[8], S. Sherzad[6], B. Mulsant[1], N. Chaudhry[2], I. Chaudhry[9] and N. Husain[10]

[1]Centre for Addiction and Mental Health, Toronto, Canada; [2]Ishrat Husain Pakistan Institute of Living and Learning, Karachi; [3]Liaquat University of Medical & Health Sciences, Cowasjee Jehangir Institute of Psychiatry, Hyderbabad; [4]Peoples University of Medical and Health Sciences, Nawabshah; [5]Dow University of Health Sciences, Karachi; [6]Baluchistan Institute of Psychiatry and Behavioral Sciences, Quetta; [7]North West General Hospital, Peshawar; [8]National Psychiatric Hospital, Multan; [9]Ziauddin University, Karachi, Pakistan and [10]Division of Psychology and Mental Health, School of Health Sciences, University of Manchester, Manchester, United Kingdom
*Corresponding author.
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Introduction: Low and middle-income countries (LMICs) hold the majority of disease burden attributed to major depressive disorder (MDD). Despite this, there remains a substantial gap for access to evidence-based treatments for MDD in LMICs like Pakistan. Measurement-based care (MBC) incorporates systematic administration of validated outcome measures to guide treatment decision making and is considered a low-cost approach to optimise better clinical outcomes for individuals with MDD but there is a paucity of evidence on the efficacy of MBC in LMICs.
Objectives: This protocol highlights a randomized trial which will include Pakistani outpatients with moderate to severe major depression.
Methods: Participants will be randomised to either MBC (guided by schedule), or standard treatment (guided by clinicians' judgement), and will be prescribed with paroxetine (10–60mg/day) or mirtazapine (7.5–45mg/day) for 24 weeks. Outcomes will be evaluated by raters blind to study protocol and treatment.
Results: National Bioethics Committee (NBC) of Pakistan has given full ethics approval. The trial is being conducted and reported as per recommendation of the CONSORT statement for RCTs.
Conclusions: With increasing evidence from high-income settings supporting the effectiveness of MBC for MDD, it is now necessary to explore its feasibility, utility. and efficacy in low-resource settings. The results of the proposed trial could inform the development of a low-cost and scalable approach to efficiently optimise outcomes for individuals with MDD in Pakistan.

Disclosure of Interest: None Declared

EPV0436

Electroconvulsive therapy vs Esketamine among patients with Major Depressive Episode

M. D. R. D. R. F. D. A. Basto*, O. Nombora, L. Santa Marinha, J. L. Simães and A. Horta

Psychiatry and Mental Health, Centro Hospitalar de Vila Nova de Gaia e Espinho, Vila Nova de Gaia, Portugal
*Corresponding author.
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Introduction: Major depressive disorder is one of the most common and disabling mental disorders. More than 30% of individuals do not achieve remission after several trials of antidepressants and treatment-resistant depression (TRD) is associated with premature mortality. Electroconvulsive therapy (ECT) is considered the gold-standard for TRD treatment,unfortunately it´s underused due to health care barriers and association with adverse cognitive impairment. So, scientists have sought to identify alternative treatments that approach ECT-equivalent efficacy. Trials with Ketamine and more recently with its S-enantiomer (Esketamine) has been made, revealing a rapid and robust antidepressant effect, emerging as an option for TRD treatment.