

Objectives: The focus of this e-poster is to explore the incidence, pathophysiology, and treatment of depression disorder and antidepressant iatrogenic sexual dysfunction.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: depression, sexual dysfunction, antidepressant.

Results: Sexual dysfunction is a common symptom of depression. Although decreased libido is most often reported, difficulties with arousal, resulting in vaginal dryness in women and erectile dysfunction in men, and absent or delayed orgasm are also prevalent. Sexual dysfunction is also a frequent adverse effect of treatment with most antidepressants and is one of the predominant reasons for premature drug discontinuation. Selective serotonin reuptake inhibitors are the most widely prescribed antidepressants and have significant effects on arousal and orgasm compared with antidepressants that target norepinephrine, dopamine, and melatonin systems. The availability of an antidepressant that does not cause or exacerbate sexual dysfunction represents an advance in pharmacotherapy for mood disorders and should reduce treatment noncompliance and decrease the need for switching antidepressants.

Conclusions: The sexual problems reported range from decreased sexual desire, decreased sexual excitement, diminished or delayed orgasm, to erection or delayed ejaculation problems. There are a number of case reports of sexual side effects, such as priapism, painful ejaculation, penile anesthesia, loss of sensation in the vagina and nipples, persistent genital arousal and nonpuerperal lactation in women.

Disclosure of Interest: None Declared

EPV0412

Psychotic Depression, Mannerisms and Alzheimer's Disease: a case report

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Introduction: We present the case of a 56-year-old patient with two depressive episodes with psychotic symptomatology in a period of three years, who began with mania and developed Alzheimer's disease.

Objectives: The case is presented with the aim of providing a brief review of psychiatric symptomatology as a prodrome of Alzheimer's disease.

Methods: A 56-year-old patient, with no psychiatric antecedents of interest, who presented a depressive episode with psychotic symptoms, requiring admission to a short hospitalisation unit, as well as antidepressant treatment with sertraline at 200mg daily and olanzapine 20mg. He remained stable for two years and was able to withdraw treatment progressively. However, after remaining euthymic without pharmacological treatment for six months, he had another episode with psychotic symptoms. In this last episode, he did not require hospital admission, but he did require a change in

antidepressant treatment, given that he did not tolerate treatment with sertraline. Treatment was therefore started with duloxetine 120mg, aripiprazole 20mg and as no clear improvement was observed, months later it was decided to use lamotrigine 100mg as a stabiliser.

Results: In this last episode, despite the significant affective improvement and maintaining psychopathological stability, without presenting psychotic symptoms, the patient presented marked dysfunction in day-to-day life due to a striking attention deficit, lack of concentration and reduced short-term memory. At the same time, he also exhibits mannerisms which are observed in the consultation room, in the form of repetitive hand movements.

For these reasons, it was decided to request MRI and SPECT, obtaining results compatible with possible incipient cognitive deterioration.

Conclusions: It seems that up to 40% of patients with dementia have depressive symptoms. It seems that depression at an advanced age may in fact be a prodromal symptom of dementia.

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Esketamine in resistant depression: a case report

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Introduction: Major depressive disorder is a common psychiatric condition affecting around 264 million people worldwide (WHO: Depression Fact Sheet. [Apr;2021]). Despite pharmacological advances, many patients still do not respond to antidepressant treatment or do so partially.

It is estimated that only 50-70% of patients respond to the initial antidepressant treatment according to the STAR-D study. 15% percent of cases do not respond significantly to various pharmacological and psychotherapeutic attempts (Rush AJ et. STAR*D report. *Am J Psychiatry*). The current consensus places resistant depression for a practical approach in one that has been treated with two different antidepressant strategies in adequate doses and time and has not been remitted (Souery D et al, Treatment-resistant depression. *J Clin Psychiatry* 2006). We present a clinical case of a patient with Major Depressive Disorder, resistant to several therapeutic lines, in which intranasal esketamine was initiated.

Objectives: The main objective is to report the result of treatment with esketamine in a clinical case.

Methods: This work analyze the clinical evolution and response of a 62-year-old patient after initiating intranasal esketamine.

This is a patient with a single depressive episode, with no personal psychiatric history of interest that, after exhausting several options of pharmacological and non-pharmacological treatment.

Regulated psychotherapy based on cognitive behavioral therapy was carried out along with different pharmacological strategies according to the recommendations of the main clinical guidelines: antidepressant dose increase, antidepressant change, combination of several antidepressants and potentiation with another drug. We