

EPV0411

Efficacy of brexanolone in postpartum depression

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doi: 10.1192/j.eurpsy.2023.1751

Introduction: Depression whose onset in the peripartum period is commonly referred to as Postpartum Depression. Postpartum Depression affects 11.5% of women during pregnancy or postpartum. Brexanolone has been developed for the treatment of Postpartum Depression, it is a formulation of Allopregnanolone, which is administered parenterally. Several studies have found that a single Brexanolone infusion had rapid antidepressant effects for severe Postpartum Depression, with good safety.

Objectives: The objective of this review is to evaluate the effectiveness of treatment with Brexanolone in Postpartum Depression.

Methods: A systematic search was performed through Pubmed, including randomized controlled trials (RCTs).

Results: 2 articles were selected that included three RCTs, in which participated 156 women diagnosed with Postpartum Depression who received an infusion of Brexanolone and 111 women with Postpartum Depression who received placebo. Compared to placebo, women who received Brexanolone had a significant clinical response, starting 24 hours after administration (RR: 1.34; 95% CI: 1.03–1.73).), reaching its maximum action peak at 36 hours (RR: 1.50; 95% CI 1.06–2.13; P = 0.02), and with a duration of effect up to the seventh day (RR = 1.32, 95% CI: 1.01–1.73). Likewise, women with Postpartum Depression, treated with Brexanolone, had a significantly greater remission, starting at 24 hours of treatment (RR: 1.86; 95% CI: 1.03–3.34), reaching its peak maximum action at 60 hours (RR: 2.20; 95% CI 1.31–3.70), and with a duration of effect up to 72 hours (RR = 1.96; 95% CI: 1.41–2.72).

Conclusions: The administration of a dose of Brexanolone seems to have an ultra-rapid antidepressant effect for the treatment of Postpartum Depression. The short-term and long-term therapeutic effect of brexanolone needs to be examined with large-scale randomized controlled studies.

Disclosure of Interest: None Declared

EPV0412

Catatonia in a case of major depression resistant to pharmacotherapy. A case reportC. M. Gil Sánchez^{1,1*}, P. Casado de la Torre¹ and M. V. Taillefer Aguanell²

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doi: 10.1192/j.eurpsy.2023.1752

Introduction: Catatonia is a clinical syndrome characterized by behavioral alterations, which may include motor immobility or excitation. As a symptom, catatonia may be present in several mental disorders, primarily schizophrenia and mood disorders.

Symptoms can be severe and can lead to dangerous and lethal conditions if not diagnosed and treated properly.

Objectives: To describe the complicated evolution of a case of major depression with psychotic symptoms, which developed catatonic status. We discuss the psychopharmacological approach and non-pharmacological therapies (ECT).

Methods: Case summary. We have conducted a systematic review of the descriptions published to date, regarding this case.

Results: We present a case of extreme severity, in a 55-year-old male, with a broad differential diagnosis with organic pathology, which required multidisciplinary management in conjunction with other specialties and multiple complementary tests.

Eventually diagnosed with major depression with psychotic symptoms evolving into a catatonic state. During more than one year of follow-up, multiple drugs have been tested sequentially: SSRI antidepressants, dual action, low-dose antipsychotics (caripracin, lurasidone, aripiprazole, olanzapine).

Finally, a good response was obtained in the treatment with lorazepam 1mg /6h and 12 sessions of ECT administered concomitantly.

In this case, the patient presented a refusal to eat and weight loss with a BMI of malnutrition. We had to be coordinated with the endocrinology service for a nutritional restitution strategy through dietary supplements. Once nutritional restitution was achieved, we started treatment with clomipramine, with good results on affective symptoms.

Conclusions: Nowadays, the origin and treatment of catatonia are still unclear.

We present the case of a man with melancholic depression with psychotic symptoms, who evolved into a catatonic syndrome. A good response was achieved with the combination of ECT and benzodiazepines.

We want to highlight nutritional recovery as an important point to achieve good absorption of antidepressant drugs. Once achieved, we started treatment with clomipramine with good results.

During the treatment, he has presented multiple difficulties and finally, he was able to leave after five months of hospitalization in the acute mental health unit.

Disclosure of Interest: None Declared

EPV0413

“Andropausal” Depression – biological fact or psychosocial possibility?C. G. Alexopoulos^{1*}, J. M. Jovanovic Mirkovic², Z. Z. Jurinjak³ and G. Z. Golubovic⁴

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doi: 10.1192/j.eurpsy.2023.1753

Introduction: In contrast to women, men do not experience a sudden cessation of gonadal function comparable to menopause. However, there is a progressive decline in hypothalamic-pituitary-gonadal function in aging men: testosterone level decline, and there is a loss of circadian rhythm of testosterone secretion.