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Efficacy of maintenance electroconvulsive therapy in recurrent depression: a case series

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Introduction: Maintenance electroconvulsive therapy (mECT) is an option in the treatment of affective disorders which progress is not satisfactory. It is certainly neglected and underused during the clinical practice.

Objectives: To evaluate the efficacy of mECT in reducing recurrence and relapse in recurrent depression within a sample of three patients.

Methods: We followed up these patients among two years since they received the first set of electroconvulsive sessions. We applied the Beck Depression Inventory (BDI) in the successive consultations for evaluating the progress.

Results: The three patients were diagnosed with Recurrent Depressive Disorder (RDD). One of them is a 60 year old man that received initially a cycle of 12 sessions; since then he received 10 maintenance sessions. Other one is a 70 year old woman that received initially a cycle of 10 sessions; since then she received 6 maintenance sessions. The last one is a 55 year old woman that received initially a cycle of 14 sessions; since then she received 20 maintenance sessions.

All of them showed a significant reduction in depressive symptoms evaluated through BDI and clinical examination. In the first case, we found a reduction in the BDI from the first consultation to the last that goes from 60 to 12 points; in the second case, from 58 to 8 points; and in the last case, from 55 to 10 points. The main sections that improved were emotional, physical and delusional.

As side-effects of the treatment, we found anterograde amnesia, lack of concentration and loss of focus at all of them.

Conclusions: We find mECT as a very useful treatment for resistant cases of affective disorders like RDD.

It should be considered as a real therapeutic option when the first option drugs have been proved without success.

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EPV0424

quality of remission in the major depressive disorder

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Introduction: Depression is second only to cardiovascular disease as a cause of disability and affects 3 to 5% of the general population.

The therapist always tries to guarantee a total remission of the symptoms of depression, but partial remission remains frequent.

Objectives: Evaluating the quality of remission in a group of patients followed for major depressive disorder at the Arrazi Hospital in Salé.

Methods: Cross-sectional study in adult patients followed up in consultation for major depressive disorder according to DSM-V criteria and having been under treatment for at least 2 months. Information was collected using a hetero questionnaire containing information on sociodemographic data and the depressive episode. The quality of remission is assessed using the Hamilton Rating Scale for Depression.

Results: We recruited 70 patients followed for major depressive disorder at 2 months of evolution. The Hamilton scale revealed that 40% of patients were in partial remission.

Conclusions: Residual symptoms can be the cause of relapse in major depressive disorder, hence the interest in seeking both a symptomatic remission and a complete functional remission, and this by the evaluation and the continuous management of the patients.

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EPV0425

The effects of loneliness and isolation on depressive disorder: a narrative review

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Introduction: The recent global pandemic has led, for many, to a period of enforced isolation. Anecdotally we are now seeing a “fourth wave” of morbidity. This is not a further wave of Covid infections but a surge of people presenting with depression. Given the potential importance of loneliness and isolation as risk factors for depressive symptoms, we sought to review the literature on this topic.

Objectives: What is the impact of loneliness and isolation on the development and perpetuation of depression?

Methods: A search of the literature was carried out using Medline via OvidSP and Web of Knowledge core collection. Search terms used on Web of Science were ‘lonel*’ AND ‘depress*’, ‘isolat*’ AND ‘depress*’. OvidSP utilised search terms ‘lonel*’ AND ‘depression’, ‘isolation’ AND ‘depression’. MeSH terms were incorporated into the OvidSP search: these included ‘loneliness’, ‘social isolation’, ‘depression’, ‘depression, postpartum’. Papers were filtered first by publication year and article type, then manually through the review of titles and objectives. Full texts of relevant papers were obtained, reviewed and appraised to see if they could help to answer the study question.

Results: Several key themes emerged across the papers reviewed. Loneliness may be a risk factor for the development of depression and vice versa (Van As *et al.* International Psychogeriatrics 2022; 34(7) 657–69).

Equally, they may have a common aetiology for example shared genetic factors (Achterbergh *et al.* BMC Psychiatry 2020; 20(1) 1–23).

The experience of loneliness was shown to create a cyclical pattern in which feelings of loneliness worsen the deterioration of depression, which in turn worsens the proceeding loneliness. (Wahid *et al.* Child and Adolescent Psychiatry and Mental Health 2022; 16(1), 1-17). Loneliness has also been shown to increase the likelihood of reoccurrence of depression, as well as negatively predicting for recovery from depression (Gabarrell-Pascuet *et al.* Depression and anxiety 2022; 39(2) 147-155, Van As *et al.* International Psychogeriatrics 2022; 34(7) 657–69).

Fear of disclosing depressive symptoms to friends, due to fear of rejection and subsequent social isolation resulting in loneliness, was shown to lead individuals to withdraw from their relationships. This brought about social isolation: consequences of this isolation, such as loss of meaningful relationships, are in themselves risk factors for depression (Caputi *et al.* The Journal of Genetic Psychology 2017; 178(4) 207-216).

Conclusions: To prevent and improve recovery from depression, it is important to consider the importance of loneliness and isolation as risk factors. Consideration should be given to treating both using a biopsychosocial approach.

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EPV0426

Patient with recurrent depressive disorder, Vitamin B12 and folate deficiency after gastric bypass surgery: A Case report

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Introduction: It is known that after gastric bypass surgery, Vitamin B12 and folate (B9) are common micronutrient deficiencies affecting this population. It may cause several neuropsychiatric symptoms which, if left untreated, leads to severe consequences.

Objectives: To describe a clinical case of the patient with recurrent depressive disorder (RDD), Vitamin B12 and B9 deficiency after gastric bypass surgery, and to review the literature.

Methods: Clinical case presentation through the review of the patient's clinical file and non-systematic literature review on PubMed and ResearchGate.

Results: 34-year-old female patient presented in psychiatric outpatient clinic with low mood, lack of appetite, disgust against food, vomiting, dizziness and syncopal episodes. She noted anxiety, fear of death, fatigue and decrease in activity. She was apathetic, lacked motivation and had sleep disturbance. PHQ-9 - 18 points. Patient had hand tremor and ataxic gait. Weight 78kg, height 1.79m, BMI 24.34kg/m².

Patient was diagnosed with morbid obesity in teenage years (130kg, 1.79m, BMI 40.57kg/m²). At the age of 23, gastric bypass surgery was done. After the operation patient was satisfied, lost weight. A few years later she felt depressed, apathetic and dropped out of university. Patient was reluctant to visit her GP. In 2021 patient's vision worsened, gait became ataxic, appeared disgust against food, dizziness, several syncopal episodes. Patient was hospitalized in Neurological clinic due to suspected demyelinating central nervous system (CNS) disease. Patient was diagnosed with alimentary B12 and B9 deficiency, gastroesophageal reflux. She received treatment

with Vitamins B12, B9. Demyelinating CNS disease was not confirmed. Patient became more depressed and anxious. She was diagnosed with depression and received treatment with escitalopram, later switched to venlafaxine, mirtazapine and phenibut. Little temporary improvement was observed, but patient had side-effects and still had vomiting and syncopal episodes.

At the time of Psychiatric outpatient visit, additional blood tests were done, revealing severe Vitamin D3 deficiency (3.96ng/ml). During treatment with fluvoxamine (50mg per day) in combination with olanzapine (5mg per day), vitamin B12, B9, D3 supplementation, patient's mood gradually improved, disgust against food disappeared, appetite improved, patient became more active, syncopal episodes disappeared and sleep improved. PHQ-9 after two months was 5 points.

Conclusions: Patient with RDD and Vitamin B12, folate and D3 deficiency, disgust against food, vomiting, fainting, benefited from combination of fluvoxamine, olanzapine and vitamin supplementation. Dynamic monitoring of patients after gastric bypass surgeries and education on this topic is vital to ensure patient health. Further research is necessary on treatment combination strategies for RDD in case of vitamin deficiencies.

Disclosure of Interest: None Declared

EPV0427

A CASE OF MULTIPLE SCLEROSIS PRESENTING AS DEPRESSION IN A YOUNG PERSON

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Introduction: Multiple sclerosis (MS) is a chronic immune-mediated, inflammatory disease of the central nervous system. Depression is one of the most common psychiatric conditions associated with MS. Lifetime prevalence of major depression has been estimated to be around 50%.

Objectives: Although the prevalence of depression in MS patients has been shown by many studies, there has not been a case in the literature demonstrating the onset of MS disease with depressive symptoms. In this article, a case of multiple sclerosis (undiagnosed before) presenting as depression in a young woman is presented and discussed.

Methods: An eighteen years-old female patient visited the emergency room of Erenkoy Mental and Neurological Diseases Hospital with complaints of unhappiness, malaise, anhedonia, introversion, sleepiness, lack of appetite and nausea. She was admitted to another hospital one and a half years ago with similar complaints and duloxetine 30 mg/day treatment was started. The patient, who did not benefit from this treatment, stopped using the drug by herself and did not consult a doctor again. Her complaints regressed over time without treatment. Her current symptoms started four days prior to her visit. She had no other medically diagnosed condition. No pathology was detected in the emergency blood test parameters of the patient. Her brain tomography was normal. The patient, who had periventricular ovoid hyperintense lesions on cranial MRI, was diagnosed with multiple sclerosis and was admitted to the neurology unit of our hospital. The lumbar puncture was performed during the hospitalization, oligoclonal band positivity