

Disclosure: No significant relationships.

Keywords: covid-19 pandemic; Family; Autism spectrum disorder (ASD); school- aged children

Depressive Disorders 05

EPP0539

The Relation of Environment to Unipolar Recurrent Depression

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Introduction: Recurrent Unipolar and Bipolar affective disorders are considered paradigms of biological entities in psychiatry. However recent theories have underlined the role that environment plays in the genesis of these disorders in interaction with genetic diatheses.

Objectives: This study examined the relationship between stressful life events (SLE) and recurrent major depressive disorders.

Methods: Three groups of 50 subjects were assessed: Patients with recurrent major depressive disorder with melancholic features; patients with borderline personality disorder; and healthy controls. Interviews for DSM-V Disorders were used for diagnosis. Beck Depression Inventory, The Israel Psychiatric Research Interview Life Event Scale and the Coddington Events Schedule were used to measure life events and depression and were confirmed with an interview.

Results: The proportions of loss-related events in childhood and in the year preceding the first episode was higher in the depressed group than in the control groups during the same time period. Proportions of SLE, uncontrolled and independent events were also more common in the depressed patients in the year preceding the first episode.

Conclusions: The study's conclusion is that SLE plays an important role in the onset of depressive disorders. There are specific kinds of SLE that occur in childhood and in the year preceding the first episode. SLE has a less significant role in the maintenance of this illness.

Disclosure: No significant relationships.

Keywords: life events; depression; recurrent mood disorder

EPP0540

Prediction of Treatment Response in Patients with Major Depressive Disorder: A Meta-Analysis of Functional Magnetic Resonance Imaging Studies

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Introduction: Identifying the optimal treatment for individuals with major depressive disorder (MDD) is often a long and complicated process. Functional magnetic resonance imaging (fMRI)

studies have been used to help predict and explain differences in treatment response among individuals with MDD.

Objectives: We conducted a comprehensive meta-analysis of treatment prediction studies utilizing fMRI in patients with MDD to provide evidence that neural activity can be used to predict response to antidepressant treatment.

Methods: A multi-level kernel density analysis was applied to these primary fMRI studies, in which we analyzed brain activation patterns of depressed patients (N= 364) before receiving antidepressant treatment.

Results: The results of this analysis demonstrated that hyperactivity in six brain regions significantly predicted treatment response in patients with MDD: the right anterior cingulate, right cuneus, left fusiform gyrus, left middle frontal gyrus, right cingulate gyrus, and left superior frontal gyrus.

Conclusions: This study provides evidence that neural activity, as measured by standard fMRI paradigms, can be used to successfully predict response to antidepressant treatment. This may be used in the future clinically to improve decision-making processes and treatment outcomes for patients.

Disclosure: No significant relationships.

Keywords: treatment response; meta-analysis; Functional Magnetic Resonance Imaging; major depressive disorder

EPP0541

Effects of a brief psychodynamic intervention on depressive patients. The “unfreezing” of psychic activity.

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Introduction: While psychotherapy is an essential aspect of the treatment of depression, there are few studies focusing on the effectiveness of psychoanalytic and psychodynamic group therapies for depressed patients.

Objectives: In this presentation, we will study the effects of a brief, 4-session psychodynamic intervention (BPI) led by a group of therapists, as inspired by the Lausanne model.

Methods: The patients were recruited in a therapeutic setting. A free consent form was completed and the ethics of research explained to each participant. Our sample consisted of 32 patients (average age = 43.81 years, sex ratio: 1M/ 4F). The therapists gathered data by completing several assessment scales after each therapy session: MADRS, ESM, EFP, HAQ-IT, EDICODE, Counter-Transfer Scale. The SPSS software (V21) was used to analyze the data.

Results: The patients' mean MADRS score dropped by more than 11 after the four sessions. This improvement matches a more positive and committed self-reported counter-transference of the therapists towards the patients. As their insight increases, patients show greater behavioral and psychic activity. We name this exit of the depressive inhibition the “unfreezing” process. It enables more satisfactory human interactions and a more focused and structured self-narrative.

Conclusions: BPI led by a group of therapists seem to be an effective therapeutic adjuvant in the “unfreezing” of the psychic processes in depressive patients. Our results point out the importance of jointly aiming at symptomatic improvement and therapeutic alliance.

Disclosure: No significant relationships.

Keywords: Psychotherapy; group; psychodynamic; Depression

EPP0544

The DiSCoVeR trial – first look at patient training and their expectations regarding a new, innovative treatment

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Introduction: The DiSCoVeR trial is a multi-site, double-blind, sham controlled, randomized controlled trial (RCT) investigating the feasibility and efficacy of an innovative, self-applied treatment approach for patients suffering from major depressive disorder (MDD). The treatment approach incorporates non-invasive brain stimulation, i.e. prefrontal transcranial direct current stimulation (tDCS), and a videogame designed to enhance emotional cognitive control. This treatment is aimed to be applied at home and monitored remotely.

Objectives: In this study we are looking at the first 10 single-site patients and comparing expected in person visits (according to the study protocol) versus actual in person visits as well as looking at the patients initial view of the therapy using the therapy evaluation form (CEQ) submitted after the 5th session.

Methods: Before continuing to self-administer the treatment at home patients undergo supervised training, during clinic visits, for up to 5 sessions. At the end of the 5th session, they are asked to fill out a therapy evaluation form (CEQ).

Results: Patients needed on average 2.3 in person training sessions before continuing the intervention remotely. Nine patients completed CEQ. Results show that on average patients thought that this course will be 4.78 (with probability 95% CI 4.74 to 4.82) points successful at raising their level of functioning and thought that their functioning will have increased on average by 37.8% (CI 37.2% to 38.4%) by the end of the study.

Conclusions: Patients needed less than half of planned in person training visits. Most patients felt like they will gain some improvement from this intervention.

Disclosure: No significant relationships.

Keywords: transcranial direct current stimulation; major depressive disorder; cognitive control videogame; expectations

EPP0545

Antidepressants in epilepsy

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Introduction: Depressive disorders are one of the most frequent psychiatric comorbidity in epilepsy and they have a negative impact on the quality of life. Depression often requires antidepressant treatment. However, it is often left untreated in people with epilepsy, in part due to fear that antidepressants could cause seizures. **Objectives:** The goal of this study was to do a review and describe the evidence of the efficacy and safety of pharmacological treatment for depression in epilepsy.

Methods: Review of literature sources were obtained through electronic search in PubMed database with special focus in papers published in the last 5 years.

Results: The existing evidence of the effectiveness of antidepressants in treating depressive symptoms associated with epilepsy is still limited and response rate was highly variable. It is essential first to optimize seizure control and minimize unwanted antiepileptic drug-related side effects. As the first line of treatment you should consider the use of SSRI or IRSN. The improvement in depressive symptoms ranged from 25% to 82% according to the different studies and depending on the antidepressant administered. A review of the literature indicates that the risk of antidepressant-associated seizures is low although some antidepressants such as amoxapine or bupropion are not recommended.

Conclusions: There are few comparative data to support the choice of antidepressant drug or drug class in terms of efficacy or safety for the treatment of people with epilepsy and depression. It would be important to design controlled trials of antidepressants in large cohorts of participants with epilepsy and clinically significant depression.

Disclosure: No significant relationships.

Keywords: Antidepressants; Epilepsy; Depression; Pharmacotherapy

EPP0546

Clinical stability after compassionate use of intranasal esketamine in treatment-resistant depression

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