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Introduction: Major depressive disorder (MDD) is a common multifactorial disorder, but the exact pathophysiology is still unknown. in vivo and post-mortem studies document volumetric and cellular changes in the hippocampus of depressed patients. Chemical synapses are key functional units of the central nervous system and earlier studies found reduced number of synapses in the prefrontal cortex of depressed patients (Kang HJ *et al.* Nature Medicine 2012;18(9):1413-1417). Mitochondria are intracellular powerhouses generating chemical energy for cellular biochemical reactions. Recent findings suggest that individuals with impaired mitochondrial function may be vulnerable to develop psychopathologies.
Objectives: We investigated synapses and mitochondria in post-mortem hippocampal samples from psychiatric patients.
Methods: The three study groups were: 1) MDD patients (n=11); 2) patients with alcohol dependence (n=8) and 3) controls (n=10). Controls were individuals who accidentally deceased and had no neuropsychiatric disorders. Three sub-regions of the hippocampus (dentate gyrus, CA3 and CA1 areas were investigated. Ultrathin sections were examined, and photomicrographs were taken for further analysis using a JEOL JEM 1400 FLASH transmission electron microscope. Systematic quantitative analysis was conducted with the Neurolucida system using unbiased counting principles.
Results: We could not detect any differences in synapse and mitochondria densities between the patients and controls subjects.
Conclusions: Our preliminary data suggest that despite our expectations hippocampal synapse and mitochondrial densities are rather constant parameters which are not easily affected by psychopathology or alcohol consumption. Potential methodical limitations may also explain this negative finding.
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EPP0649

The association between depressive symptoms and medication adherence among polypharmacy older adults

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Introduction: Among many polypharmacy term definitions, the most common definition refers to the concurrent use of five or more medications. Multiple medication administration is highly prevalent in older populations with multimorbidity. Apart from polypharmacy impacts on physical health, it might be detrimental to mental health.
Objectives: The present study aims to evaluate the association between depression and poor adherence in multimorbidity Iraqi older population using five or more medications.
Methods: This cross-sectional study was conducted in Iraq during July and August 2023, involving a sample of 196 older adults recruited from private clinics and hospital clinical medicine wards, all of whom had polypharmacy regimens. The questionnaire includes age, gender, medication regimen adherence and Patient Health Questionnaire-8 (PHQ-8) using a cutoff score of 10. Chi-square and binary logistic regression were performed to determine the association between poor adherence and the presence of depressive symptoms.
Results: A total of 196 respondents, mean age = (61±11.4), 49 (25%) male and 147 (75%) female, 178 (90.8%) good adherence and 18 (9.2%) poor compliance, 81 (41.3%) participants have PHQ-8 score was equal or less than ten while 115 (58.7%) have PHQ-8 score was more than 10. Depressive symptoms and patient adherence showed a significant association (p = 0.02). Moreover, poor adherence polypharmacy participants were more likely to have depression odd ratio (OR) = 3.9, 95% confidence interval (CI = 1.09 – 13.9; p = 0.036).
Conclusions: Our findings suggest that depressive symptoms are associated with poor adherence polypharmacy older adults and, highlighting the importance of addressing medication management and mental health in this population.

Disclosure of Interest: None Declared

EPP0650

Esketamine nasal spray shows greater improvement in health-related quality of life over 32 weeks versus quetiapine extended release in patients with treatment resistant depression

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Introduction: In ESCAPE-TRD esketamine nasal spray (ESK-NS) significantly increased the probability of achieving remission at Week (Wk) 8 and being relapse-free through Wk32 after remission at Wk8 versus (vs) quetiapine extended release (Q-XR) in patients (pts) with treatment resistant depression (TRD) (Reif *et al.* DGPPN 2022; P-01-04). We report ESK-NS vs Q-XR effects on pt-reported health-related quality of life (HRQoL) over 32 wks.
Objectives: Evaluate pt-reported HRQoL using the generic 36-item Short-Form Health Survey version 2 (SF-36v2, 4-wk recall, 2009 US population norms) in ESCAPE-TRD.
Methods: ESCAPE-TRD (NCT04338321) was a randomised phase IIIb trial comparing the efficacy of ESK-NS vs Q-XR, both alongside an ongoing selective serotonin/serotonin-norepinephrine reuptake inhibitor, in pts with TRD. SF-36v2 was assessed every 4 wks (on-treatment and retrieved dropout visits). Domain scores and change from baseline (CfB) were analysed using a mixed model for repeated measures (MMRM; observed cases) adjusted for age, prior treatment failures, baseline score. Higher scores indicate better HRQoL. P values were not adjusted for multiple testing.
Results: 336 and 340 pts were randomised to ESK-NS and Q-XR. Baseline domain scores were below general population norms and lowest in Role Emotional, Mental Health and Social Functioning (**Figure 1A**). All scores improved to Wk32 in both arms (**Figure 1B**). At Wk4, CfB was significantly higher (better HRQoL) with ESK-NS vs Q-XR across domains (all p<0.01). At Wk8, CfB was significantly higher with ESK-NS vs Q-XR across all domains (p<0.05) except Bodily Pain and Role Physical. At Wk32, CfB was significantly higher with ESK-NS vs Q-XR for Mental Health (p=0.014), Role Emotional (p=0.001), Role Physical (p=0.046) and Social Functioning (p=0.006); a trend of numerical advantage was seen for all other domains (**Figure 2**).
Image:

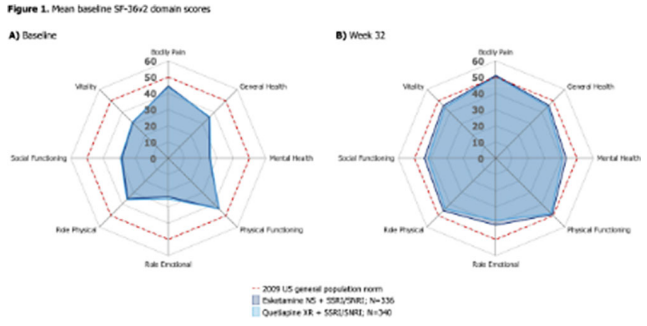
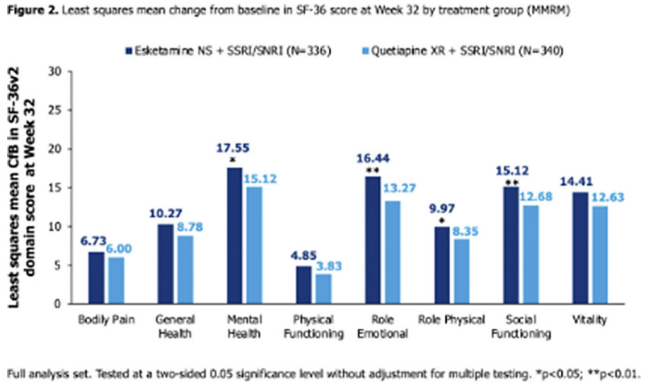


Image 2:



Conclusions: In addition to the superior clinical benefits provided by ESK-NS vs Q-XR in ESCAPE-TRD, pts receiving ESK-NS experienced significantly greater improvements in HRQoL vs Q-XR over 32 wks.
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Comorbidity/Dual Pathologies

EPP0654

Dual diagnosis of bipolar disorder and substance use disorder – type of substance used and its impact on treatment adherence and maintenance of abstinence

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Introduction: Substance use disorder is a common comorbidity with bipolar disorder, delaying its diagnosis and making treatment of both disorders more complex and challenging.
Objectives: We aim to analyze the types of substances used by patients with bipolar disorder and to find if there's a relationship between the substance used both with treatment adherence and maintenance of abstinence.
Methods: We collected, retrospectively, data from the hospital platform and analyzed it on SPSS Statistics 26, along with a literature review. Our study looks over 3 years, and all patients analyzed have a dual diagnosis of both bipolar disorder and substance use disorder and were hospitalized in the psychiatric ward of a tertiary university hospital.
Results: There were 2384 hospitalizations in the Coimbra's University Hospital psychiatric ward, and 88 hospitalizations were coded with a dual diagnosis of bipolar disorder and substance use disorder. Tobacco was the substance more consumed by the patients (53.4%), followed by alcohol (46.6%) and cannabinoids (30.7%). In 18.2% of the patients was identified consumption of cocaine and in 6.8% there was an abuse of opioids. It is important to highlight that 20.5% of the patients used 2 or more substances at the same time.
Regarding adherence to treatment for both their bipolar disorder and substance use disorder, in 25% of the patients, there wasn't a satisfactory compliance with the treatment prescribed.
In the group of patients with polydrug use, half of them didn't comply with the treatment. In the patients consuming only one substance, we found out that 30% of patients who use alcohol didn't adhere to the treatment, while around 13% of the patients using cannabinoids didn't comply with the suggested treatment.
The relationship between the type of substance used and treatment adherence was statistically significant with a $p=0.004$ (considering $p<0.05$).
Regarding abstinence from consumption, around 42% of the patients keep using at least one substance. In the group with polydrug use, around 65% of the patients were not abstinent in the last appointments, while in the cannabinoids users' group around 50% of them were still using the drug. In the group with patients using alcohol, around 43% of them are not abstinent.
The relationship between the type of substance used and maintenance of abstinence was found to be statistically significant with a $p=0.037$ (considering $p<0.05$).
Conclusions: Substance use disorder can have a huge impact on adherence to treatment, worsening the prognosis of the comorbid bipolar disorder. On the other hand, this dual diagnosis can impact the maintenance of abstinence.
Early detection of both diagnosis and simultaneous treatment from an early phase are essential to improve the prognosis of both diseases.

Disclosure of Interest: None Declared

EPP0655

EFFICIENCY OF VORTIOXETINE IN DEPRESSIVE SYMPTOMS IN PARKINSON'S DISEASE.

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Introduction: Parkinson's disease (PD) is the most common serious movement disorder in the world, affecting about 1% of adults older than 60 years. The disease is attributed to selective loss of neurons in the substantia nigra, and its cause is enigmatic in most individuals. Patients with PD display both motor and non-motor symptoms. For some patients, the non-motor symptoms are more bothersome than the motor symptoms. One of the most common non-motor symptoms of PD is depression.
Objectives: Treatment of depression with antidepressant drugs is well established. In the last 20 years use of antidepressant has risen mainly due to the introduction of the selective serotonin reuptake inhibitors (SSRIs). Our primary aim was to demonstrate an improvement in depressive symptoms in patients who started treatment with vortioxetine. A secondary aim was to show those who was successfully treated with vortioxetine but was unresponsive to paroxetine and escitalopram without worsening the extrapyramidal symptoms of PD.