therapeutic profile towards the pathophysiological mechanisms involved in pathologies involving depressive and metabolic disorders.

Disclosure of Interest: None Declared

EPV0394

Effects of light therapy in the anxious-depressive clinic

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doi: 10.1192/j.eurpsy.2024.1107

Introduction: Major depressive disorder (MDD) is defined as a mental disorder of multifactorial etiology, which presents with mood disturbance, mainly sadness associated with loss of interest or pleasure. Light therapy (LT) is a therapeutic intervention consisting of daily exposure to a light source. This study aims to evaluate the effects of LT on anxious-depressive symptomatology and sleep in a sample of patients diagnosed with depression.
Objectives: This study aims to evaluate the effects of LT on anxious-depressive symptomatology and sleep in a sample of patients diagnosed with depression.
Methods: Prospective case-control study, in which the cases are outpatients diagnosed with MDD and the controls are healthy individuals. Both groups underwent LT sessions and were assessed by means of validated scales, anxiety and depression symptoms before and after LT sessions, as well as changes in sleep patterns through a sleep measuring device.
Results: 11 cases and 18 controls were included in the study. Of the participants, 62.1% were female and 37.9% were male. The mean age of the sample was 54.03 □ 11.55 years. There were significant case differences in the pre and post LT scores of the depression scale. There were no significant differences in the changes in superficial, deep and total sleep and in the anxiety scale scores.
Conclusions: In the sample analysed, LT has significant effects on the cases at the level of the depression scale.

Disclosure of Interest: None Declared

EPV0395

Esketamine new tool for resistant depressive disorder. About a case

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doi: 10.1192/j.eurpsy.2024.1108

Introduction: Depressive disorders represent the main cause of disability in the world, due to its prevalence, its impact on the patient's quality of life and its role as one of the main risk factors for suicide. Current antidepressant treatments can take weeks to take effect and months to achieve response and remission.It is estimated that up to 30% of patients with major depressive disorder (MDD) are resistant to antidepressant treatment, in addition, approximately 30-45% of patients with depression do not achieve an adequate response to the first antidepressant treatment.According to the STAR*D study, the more lines of treatment are required, the lower remission rates are estimated, as well as higher relapse rates during the follow-up phase.With the appearance of intranasal dosage esketamine allows the release directly to the central nervous system, the mechanism of action of esketamine is based on the antagonism of the NMDA receptor, which entails the modulation of the excitatory transmission of glutamate and the release of BDNF,activating neurotrophic signaling and synaptogenesis.
Objectives: The objective is to expose the response after treatment with intranasal esketamine in a case of resistant depression.
Methods: A 55-year-old female patient, diagnosed with resistant recurrent depressive disorder.The patient had undergone treatment with different therapeutic lines with antidepressants, and potentiations with antipsychotics, observing little response in the current episode, for which reason we evaluated the indication of intranasal Esketamine. Scales: MADRS (Montgomery Asberg Depression rating scale) =37, Hamilton Depression Scale=25, PHQ-9=20, indicating severe depression.
Results: After starting treatment with intranasal esketamine, an early response was observed. After the first month of treatment, mild depression was scored at MADRS=10 and moderate depression at Hamilton=14, PHQ-9=12, and at week 14 of treatment, it was scored mild depression in both MADRS and Hamilton. Intranasal 56mg esketamine plus 20mg escitalopram, 30mg mirtazapine and 5mg aripiprazole.
Conclusions: Intranasal esketamine offers a rapid reduction in depressive symptoms maintained over time, reducing the risk of relapse and with a favorable tolerability profile, so its use in depression resistant to treatment presents a great advance.

Disclosure of Interest: None Declared

EPV0397

Cold water swimming as an add-on treatment for depression: a feasibility study

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doi: 10.1192/j.eurpsy.2024.1109

Introduction: In Denmark, 14% of patients with depression develops treatment resistant depression (TRD) after the first hospital contact. Explanations for TRD include lack of clinical effect of pharmacological treatment and reluctance to treatment due to price, discomfort, and unacceptable side effects. Cold water swimming (CWS) describes swimming outdoors during the winter season in cold to ice-cold water on a regular basis. Many winter swimmers believe that exposure to cold water is beneficial for their health. However, evidence of health effects

have been anecdotal or based on results from small sample-size studies. The availably studies report that winter swimming abolishes general tiredness, boosts self-esteem and improves mood and/or general well-being.
Objectives: Aims To test if it is possible for patients with depression to participate in two weekly sessions of CWS and to measure the effects of CWS on general well-being and depression.
Methods: All psychiatric in- and outpatients from the department of psychiatry at Little Belt Hospital, Vejle with a diagnose of depression were eligible for inclusion. CWS-sessions included a dip in an inlet - and a short swim for a few minutes – depending on individual preferences.
Results: The average water temperature was 7.5 grades C. The lowest water temperature was 2.0 grades C. 13 patients were participating in CWS sessions. One of the patients participated in 40 CWS sessions and the average number of CWS session was 14.5 (sd: 11.2). The participating patients were on average overweight, and they had mild to severe sleep problems with an average score of 10.1 (sd: 3.7) on Pittsburg Sleep Quality index. Patients with regular CWS have a wellscore of 39.2 and at the end of the swimming season, their score has increased to 54.0. Sleep: At index for regular swimmers, the score was 10.4 and at the end of season in had decreased to 8.0 while the patients' not regular swimming had an unchanged score of 11.3. After each CWS sessions, a cheerful and uplifted atmosphere spread among the participants and the conversation afterwards was often characterized by this.
Conclusions: The nurses had an important task and function in guidance to the participating patients due to the patients' symptoms from depression. It was surprisingly easy to get all the patients to swim in the cold water. Due to the design and small numbers of participants in this feasibility study, it is not possible to draw any statistically significant results. Nevertheless, we can conclude that it is possible to use CWS as a treatment opportunity for some patients with depression. The research group members are convinced that for some patients it will be an important part of recovery from depression. Further studies with control group and a statistical satisfying larger group of participants will probably generate more knowledge's on these issues.

Disclosure of Interest: None Declared

EPV0398

The risk for inflammatory joint disease in patients with severe or treatment-resistant depression: population-based cohort study in Sweden

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doi: 10.1192/j.eurpsy.2024.1110

Introduction: Inflammatory joint diseases (IJD), including rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis/spondyloarthropathies (AS), and juvenile idiopathic arthritis (JIA), are more common in patients with depression. However, it remains unclear whether the strength of this association varies with the severity or level of treatment resistance of the depressive episode.
Objectives: To assess the risk for IJD in patients with severe depression and TRD compared to population comparators and patients with non-severe and non-treatment resistant depression.
Methods: We conducted parallel cohort studies among 600,404 patients with a depressive episode identified in Swedish nationwide administrative registers. The prospective risk for IJD, both overall and per IJD condition, in patients with depression of any severity was compared to matched population comparators. Additionally, we assessed the same associations comparing patients with depression to those with severe or treatment-resistant depression. Analyses were adjusted for comorbidities and sociodemographic covariates.
Results: Overall, patients with depression were at increased risk for later IJD compared to population comparators (adjusted hazard ratio (aHR) for any IJD 1.34 [95% CI 1.30-1.39]; RA 1.27 [1.15-1.41]; PsA 1.45 [1.29-1.63]; AS 1.32 [1.15-1.52]). The associations were not significantly different for patients with severe depression or TRD.
Conclusions: Patients with severe and treatment resistant depression are at higher risk for inflammatory joint disease than population comparators. This association does not seem to be stronger than for patients with non-severe or non-resistant depression. Severity and treatment resistance of a depressive episode as identified in register data may not be valid depressive phenotypes for predicting risk for inflammatory joint disease.

Disclosure of Interest: P. Brenner Grant / Research support from: Affiliated with/employed at the center for Pharmacoepidemiology, Karolinska Institutet, which receives grants from several entities (pharmaceutical companies, regulatory authorities, contract research organizations) for the performance of drug safety and drug utilization studies., J. Askling Grant / Research support from: Karolinska Institutet has entered into agreements with the following companies, with JA as PI: Abbvie, BMS, Eli Lilly, Galapagos, Janssen, Pfizer, Roche, Samsung Bioepis and Sanofi., D. Hägg Grant / Research support from: Affiliated employed at the center for Pharmacoepidemiology, Karolinska Institutet, which receives grants from several entities (pharmaceutical companies, regulatory authorities, contract research organizations) for the performance of drug safety and drug utilization studies., L. Brandt Grant / Research support from: Affiliated with/employed at the center for Pharmacoepidemiology, Karolinska Institutet, which receives grants from several entities (pharmaceutical companies, regulatory authorities, contract research organizations) for the performance of drug safety and drug utilization studies., P. Stang Employee of: Former employee of Janssen Research & Development, LLC. The work on this study was part of the employment., J. Reutfors Grant / Research support from: employed at the center for Pharmacoepidemiology, Karolinska Institutet, which receives grants from several entities (pharmaceutical companies, regulatory authorities, contract research organizations) for the performance of drug safety and drug utilization studies.