

**EPV0600****Early real-life evaluation of the efficacy of esketamine in resistant depressive disorder**

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**Introduction:** The efficacy and of current antidepressants is insufficient. Esketamine, a new antidepressant administered by nasal route, is available since 2019 in the management of resistant characterized depressive episodes.

**Objectives:** To evaluate the response profile of patients to Esketamine in our institution specialized in mental health.

**Methods:** We included all patients treated with Esketamine in our institution from November 2019 to September 2021. We collected efficacy and tolerability data using the computerized and paper patient record, prescribing support software, and nursing staff.

**Results:** Since 2019, we treated 11 patients with Esketamine in combination with an antidepressant as indicated in the MA. Two patients from the 11 were found resistant, three discontinued due to adverse events, four relapsed after an initial clinical response, and two were still ongoing at the end of the study.

**Conclusions:** Despite an initial and rapid response, our study does not highlight any long-term efficacy of Esketamine in resistant depressive disorder. This highlights the fact that its use in the acute phase of depression or earlier in the management strategy could be a good alternative because of its rapid onset of action. Esketamine was initiated as a last line therapy, which may represent a bias in the evaluation of the molecule, as the later the depression is treated, the lower the response rate. The place of Esketamine in the therapeutic strategy is not yet well determined due to a lack of hindsight, and the question of pharmacological tolerance and dependence on the molecule arises.

**Disclosure:** No significant relationships.

**Keywords:** esketamine; therapeutic strategy; resistant depressive disorder; antidepressant

**EPV0599****Bright Light Therapy for MDD in Children and Adolescents: a narrative review of literature**

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**Introduction:** Major Depressive Disorder (MDD) is a common mood disorder diagnosed in children and adolescents. Bright light therapy has been effective for seasonal affective disorders, however its role in the treatment of MDD is under studied.

**Objectives:** Our objective is to evaluate if bright light therapy (BLT) is a practical approach in treating Child and Adolescents having MDD.

**Methods:** We performed an extensive literature search using a wide range of MeSH terms in PubMed, PubMed Central and Google Scholar. We reviewed the literature for studies (published between 1983-2021) assessing the efficacy of BLT in the treatment of MDD in children and adolescents.

**Results:** The final search results yielded 8 randomized clinical trials and 1 case report from 1983 to 2021. BLT showed a superior effect in children and adolescents with MDD compared to the control group in the majority of the randomized trials and a case report. In six studies BLT showed good effect, however in a study by Magnusson et al. and Sonis et al., found a milder degree of improvement in depression symptoms when compared to the control group. In the majority of the studies, patients' age range was 7 years 18 and in most of the studies, patients were not on antidepressants.

**Conclusions:** The use of BLT in children and adolescents suffering from MDD can be a promising alternative method of biological treatment, which is effective as well as well tolerated. Future long-term studies on large sample size are necessary in this field.

**Disclosure:** No significant relationships.

**Keywords:** MDD; Bright light therapy

**EPV0600****Relation between Vitamin D level and severity, symptomatology and cognitive dysfunction of Major Depressive Disorder - A sample of Egyptian patients**

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**Introduction:** Vitamin D helps in the regulation of neurotransmission and neuroprotection. Therefore, vitamin D deficiency might lead to inactivated receptors and may result in depression.

**Objectives:** The study assessed the relation between serum level of vitamin D and severity, symptomatology and cognitive dysfunction of Major Depressive Disorder (MDD) in a sample of Egyptian patients.

**Methods:** Serum levels of 25-hydroxy vitamin D were measured with electro-chemiluminescence binding assay technique in 75 patients with major depressive disorder. Patients were recruited from Psychiatry and Addiction Hospital, Kasr Al Ainyy outpatient clinic. Patients were subjected to the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID), Hamilton depression scale (HAM-D), Mini-mental status examination (MMSE), Wechsler memory subtests (story A and paired associate learning test (PALT)), Benton visual retention test (BVRT) and Trail B test.

**Results:** 94.6% of patients had vitamin D deficiency. There was no significant correlation between levels of vitamin D and severity of depression according to HAM-D. Regarding symptoms of depression, there was a statistically significant difference between levels of vitamin D, being more deficient with decreased concentration, decreased libido and menstrual disturbances. There was no statistically significant correlation between level of vitamin D and cognitive functions tests.

**Conclusions:** Major depressive disorder was associated with vitamin D deficiency but no statistical significant correlation could be established neither between levels of vitamin D and severity of depression nor between levels of vitamin D and cognitive dysfunction. Vitamin D level was statistically correlated with decreased concentration, decreased libido and menstrual disturbances.

**Disclosure:** No significant relationships.

## EPV0601

### Probiotics as a therapeutic strategy in Major Depressive Disorder

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**Introduction:** Major depressive disorder is a prevalent disease, in which one third of sufferers do not respond to antidepressants. Disturbance in the equilibrium of the gut microbiota has been involved in the pathophysiology of depression. Probiotics have the potential to be well-tolerated and cost-efficient treatment options. However, there is not enough evidence of the impact of probiotics in patients suffering MDD.

**Objectives:** The main aim of this revision is to assess those clinical trials that evaluate the effects of probiotic treatment in patients with MDD.

**Methods:** A research on the database PubMed has been done with the terms “probiotics” AND “MDD” and then a systematic review has been performed between those articles meeting the inclusion criteria.

**Results:** Most of the articles show an improvement of the depressive symptoms in outpatients with mild to moderate TDM after 8 week treatment with probiotics added to the treatment as usual. Those articles assessing inpatients with severe MDD after four weeks of treatment with probiotics added to their usual treatment didn't find statistical differences between treatment with probiotics from placebo.

**Conclusions:** Probiotics may be useful in mild to moderate symptoms of MDD after 8 weeks treatment added to usual treatment. Nevertheless, further investigation in larger samples during more time. Moreover, a new awareness is raised about gut- brain axis pathophysiology, that would lead the path to new investigations about this relation so as the difference in depressed patients microbiome, tryptophan metabolism and the pro- inflammatory compounds that reach the blood-brain barrier because of the “leaky-gut”.

**Disclosure:** No significant relationships.

**Keywords:** major depressive disorder; probiotics; Treatment; gut microbioma

## EPV0602

### The characteristics of bipolar dipression

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**Introduction:** The National Institute of Mental Health describe the main symptoms of bipolar disorder as alternating episodes of high and low mood. Changes in energy levels, sleep patterns, ability to focus, and other features can dramatically impact a person's behavior, work, relationships, and other aspects of life. Most people experience mood changes at some time, but those related to bipolar disorder are more intense than regular mood changes, and other symptoms can occur. Some people experience psychosis, which can include delusions, hallucinations, and paranoia.

**Objectives:** Through this research we aimed to identify all the special features of bipolar depression which will help the clinical psychiatrists in easier diagnosis and management of the disorder.

**Methods:** Literature review (PubMed)

**Results:** Clinical Characteristics in Favour of Bipolarity in Depression: psychomotor retardation, history of psychotic depression, history of psychotic depression shortly after giving childbirth, frequent catatonic symptoms, atypical depressive features, severe impairment in interpersonal relationships, inconsistency in business life, history of hypomania, mania or mixed episode, common feeling of numbness and anhedonia; less common sadness and feelings of guilt, mood instability, volatility in temperament, frequent change in affect, daydreaming during the episode and daily life, short duration of depression <3 months, poor cognitive functions during depressive episode, generally similar symptom severity during the day and night etc.

**Conclusions:** This leads to misdiagnosis of bipolar depression as unipolar depression, which in turn leads to delayed correct diagnosis and treatment and may severely affect the patient's entire life.

**Disclosure:** No significant relationships.

**Keywords:** characteristics; bipolar dipression

## EPV0605

### Treatment-Resistant Depression – What is the Effective Maintenance Treatment

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**Introduction:** Treatment-resistant depression (TRD) presents a significant challenge in clinical practice. Besides antidepressant medications, neurostimulation methods (ECT, rTMS) and ketamine are viable treatment options.

**Objectives:** To objectively evaluate the real effectiveness of treatments within interventional psychiatry in the maintenance treatment.

**Methods:** The extensive literature review of the efficacy of ECT, rTMS, and ketamine treatment in the maintenance treatment of TRD and the author's clinical and research experience will be included in this presentation.

**Results:** Neurostimulation, particularly ECT and ketamine treatment are usually effective treatments for patients with TRD. However, both of these treatment modalities do not have sustained benefits and after discontinuing treatment the majority of patients relapse. Ketamine has rapid therapeutic effects in depression, but these effects are short-lived. Continuation treatment with ketamine