Results: The available evidence indicates that there exists a reciprocal relationship between depression and alcohol use disorder (AUD), wherein each disease can serve as a triggering factor for the other. This interplay between depression and AUD forms a detrimental cycle that intensifies the severity of both conditions. The comorbidity of various disorders may be attributed to the presence of shared neurochemical pathways, with a particular emphasis on the serotonin system. Furthermore, the co-occurrence of both illnesses frequently leads to heightened symptom severity, reduced treatment efficacy, and a higher risk of suicide.
Conclusions: The complex relationship between alcohol use disorder (AUD) and depression underscores the need for a comprehensive and integrated therapy strategy. The effective management of this comorbidity necessitates the implementation of multidisciplinary collaboration, patient education, and early intervention.

Disclosure of Interest: None Declared

EPV0372

Post-psychotic depression: what are its characteristics?

A. Abdelhamid*, S. Bellafqih, F. Laboudi and A. Ouanass

Psychiatry, Ar-Razi Psychatric Hospital, Sale, Morocco
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1098

Introduction: Depression in psychosis has been more or less neglected as a field of study, due to its vague nosographic framework. Some studies have nevertheless focused on certain features of depression in psychosis, such as post-psychotic depression. This is a frequent phenomenon with a nosographic and etiopathogenic complexity that can lead to confusion.
Objectives: To study the characteristics of post-psychotic depression and compare results with those in the literature.
Methods: It is a prospective, descriptive, case series study conducted at the Ar-Razi psychiatric hospital in Salé. Inclusion criteria were patients diagnosed with a brief psychotic disorder, schizophreniform disorder or schizophrenia, in remission, who met the criteria for a DSM 5 characterized depressive episode. Data are collected during the psychiatric interview with the patient, using a questionnaire.
Results: Ongoing
Conclusions: Ongoing

Disclosure of Interest: None Declared

EPV0374

The peak of the 'Blue Monday' depression and winter blues.

A. Botica[1]*, M. Baković[2], M. Strikić[3], A. Delić[1] and T. Glavina[1]

[1]Department of psychiatry, University Hospital of Split, Split; [2]Ugljan, Psychiatric Hospital, Zadar and [3]Public Health Institute of Split and Dalmatian County, split, Croatia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1099

Introduction: For many people, January is the most depressing month of the year. "Blue Monday" encompasses the generally accepted belief that Monday is the hardest day of the week compared to Friday and Saturday, which are the most anticipated days of the week. The connection between the color blue and Monday is in the emotional stage, which is presented as emotional anger. The third Monday in January is currently known as the most depressing day of the year. Speaker Cliff Arnall was the first to declare that day in 2014. The theory says that this is the time of the year when respiratory diseases are common, the day is shorter, the weather conditions are worse, and the time when people are burdened with guilt about whether they will achieve their New Year's resolutions.
Objectives: The aim of this work was to investigate that on third Monday in January there were more suicide attempts and that there were more depressive disorders in emergency psychiatric admissions.
Methods: In the research, we included participants who were examined at the Emergency Psychiatric Admission of the Clinical Hospital Center in Split, in the period from 2019. until 2023. Inclusion criteria were respondents of both sexes, examined in the outpatient clinic on Mondays in January for five years.
Results: There were 198 of them in total. The primary outcome of the research is to determine the occurrence (incidence) of psychological deterioration in patients diagnosed with the anxiety-depressive spectrum. The secondary research outcomes are of a descriptive nature, patient follow-up, examination outcome, and psychiatric heredity.
Conclusions: For now, there are no strong scientific foundations that justify the formula of "the most depressing day" of the year, some scientists believe that it is a marketing trick to achieve higher tourist revenues. However, the post-holiday period can have an impact on individuals.

Disclosure of Interest: None Declared

EPV0376

"It was all yellow" first patient with resistant depresion treated with esketamina

M. J. Mateos - Sexmero, B. Arribas - Simón*, T. Jiménez - Aparicio and Ó. Martín - Santiago

Psychiatry, Hospital Clínico Universitairo de Valladolid, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1100

Introduction: Esketamine, an active Ketamine isomeric form that indirectly inhibits the GABAergic neuronal pathways, has been recently approved to treated severe, resistant depressive disorders. Here, we present the case of a 64 years old woman diagnosed with severe, resistant depression and an initial score of 28 points in the Hamilton Depression Rating Scale who was treated with Esketamine with excellent response and a HDRS of 8 points after 4 months.
Objectives: To expose our experience with the first patient treated with Esketamine in our Hospital.
Methods: Describing the patient's patobiography and the different treatments lines tried in first place and exposing the experience among Ketamine treatment and the final results.

Results: We present the case of a 64 years old woman, divorced and retired, who lives with her son since the aggravation of the depressive symptomatology, with no medical nor surgical background and no history in Mental Health before her first psychiatric internment in 2020. Between February 2020 and June 2023, 5 different treatments options with supervise intake were tried, including increment of the dose, antidepressant rotation, the combination of Desvenlafaxine + Mirtazapine and adding Topiramate and Lithium, with no improvement. Among this years, 3 psychiatric internments were needed because of the depressive symptoms and 1 more hospitalization in Internal Medicine was required because of the patients severe, malnutritional state. In June 2023 and after two complete analysis, a MR and a score of 28 points in the Hamilton Depression Rating Scale treatment with Esketamine was started with no incidences. She described one dissociative episode during which she assures "she was surrounded by soft, rubbery, yellow bubbles". After 4 months of treatment the patient has recovered her previous functional rate and has an 8 points score in the HDRS.
Conclusions: In conclusion, we can affirm that Esketamine is an effective and secure option for Resistant Depresion Dissorder. Nevertheless, Before considering a Depressive Episode as "resistant to treatment", treatment adherence and other medical, surgical and psychiatric comorbidities must be studied.

Disclosure of Interest: None Declared

EPV0377

Tardive Dysphoria: can antidepressants cause depression?

C. P. Desport*, D. O. Martins, J. R. Freitas, M. F. Santos and L. C. de Castro

Psychiatry, Hospital de Magalhães Lemos, Centro Hospitalar e Universitário do Porto, Porto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1101

Introduction: tardive dysphoria is a relatively new term used to describe the phenomenon of clinical worsening of depression after long-term antidepressant use. Most of the theories proposed to explain this talk about antidepressants tachyphylaxis that implies the loss of efficacy with its prolonged use, or even a pro-depressant effect of antidepressants when used for long periods of time.
Objectives: to explore the concept of tardive dysphoria, potential causes and clinical implications, by making a literature review on the topic. Moreover we pretend to understand the challenges in its diagnosis and treatment.
Methods: bibliographical search in PubMed database, using the key-words "long-term antidepressant", "tardive dysphoria" and "antidepressant tachyphylaxis", limited to works published in the last twenty years.
Results: from our search resulted 53 articles, 26 were chosen for further analysis.
Conclusions: the concept of tardive dysphoria is controversial, namely doubt persists if it constitutes a clinical entity by itself caused by long-term antidepressant use or if it simply relates to cases of treatment-resistant depression. We conclude that it is necessary further investigation in this area given the significant implications on clinical practice specifically in the psychopharmacological treatment with antidepressants, which is very common in psychiatric and general practices, with antidepressants being used to treat many mental health conditions.

Disclosure of Interest: None Declared

EPV0380

Depression in the elderly and dementia with Lewy bodies: A case report of a challenging diagnosis

E. Smaoui[1]*, D. Mnif[2], N. Reguaieg[2], F. Guermazi[2], S. Sakka[1], I. Baati[2] and J. Masmoudi[2]

[1]Neurology department, CHU Habib Bourguiba and [2]Psychiatry department, CHU Hédi Chaker, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1102

Introduction: Depression and dementia with Lewy bodies (DLB) are two fairly common pathologies in the elderly which can have similar presentations or be associated and therefore pose a diagnostic challenge.
Objectives: We propose to illustrate, through our case, the diagnostic and therapeutic challenge of these two pathologies.
Methods: We present the case of Ms. S. BA aged 67, without organic or psychiatric history, admitted to the psychiatry department for massive anxiety and insomnia. The troubles date back to nineteen months when the patient isolated herself, remained bedridden, lost her appetite and no longer slept. The evolution quickly led to the appearance of an excessive agitation. The patient became distracted, talking and laughing to herself, and ran away from the house. She consulted several free-lance psychiatrists and received several antipsychotic medications without improvement. The admission interview revealed a very anxious patient with a difficult contact. Her speech was centred on well-detailed visual hallucinations with themes of death. The neurological examination was difficult at first. She was started on haloperidol and clonazepam. After 2 days, neurological examination showed a parkinsonian syndrome and a temporal disorientation. Other cognitive functions were difficult to assess. The two diagnoses evoked were DLB and a characterized depressive episode with psychotic features. Standard workup showed mild anaemia and thrombocytopenia. Brain MRI and electroencephalogram and immune tests were normal. However, PET imaging was not available in our hospital. Haloperidol was immediately stopped and the patient was treated with an anticholinergic corrector in combination with quetiapine at 200 mg. The evolution was characterized by a significant reduction in anxiety and visual hallucinations with a marked improvement of the parkinsonian syndrome. Depressive symptoms took the forefront of the clinical presentation; hence we associated sertraline with quetiapine. The subsequent evolution showed a clear improvement in the depressive symptoms with total resolution of the parkinsonian symptoms and a normal cognitive evaluation.
Results: In our case, the clinical evolution constituted a key element in the diagnostic orientation. So far, it is unlikely that our patient has DLB and the diagnosis retained was a characterized depressive episode with psychotic and melancholic features. Depression in the elderly can have atypical presentations, and raise the possibly of other differential diagnoses. Diagnostic uncertainty should not delay the implementation of treatment.