Image:

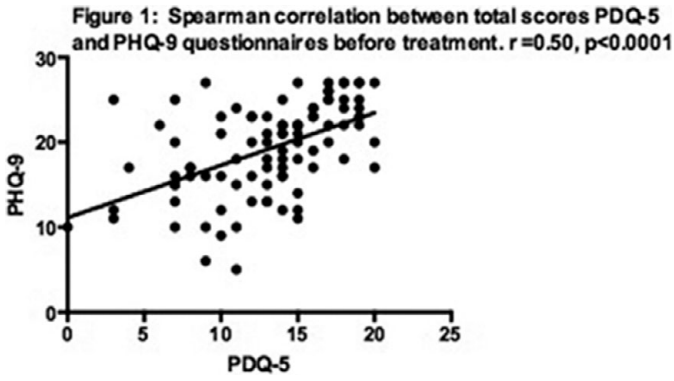
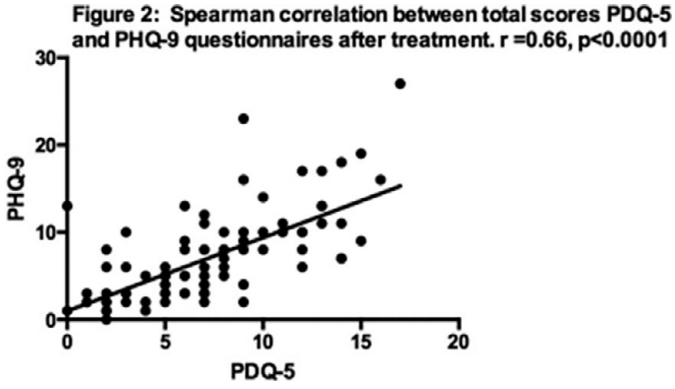


Image 2:



Conclusions: Significant improvements were found in the symptoms of depression, cognition and QOL in patients with MDD after treatment. Depression severity significantly inversely correlated with QOL and cognition of MDD patients.

Disclosure of Interest: None Declared

EPV0435

Measurement-based care vs. standard care for major depressive disorder in Pakistan: protocol for a randomized control trial

I. Husain[1], M. Umer[1]*, Z. Nigah[2], T. Kiran[2], A. Bukhsh[2], M. Ansari[3], M. R. Bhatia[4], O. Husain[1], H. Naqvi[5], A. Qadir[2], M. Saqib[2], A. H. Rajput[3], M. A. Zeb[6], S. A. Khan[7], K. M. S. Siddiqui[8], S. Sherzad[6], B. Mulsant[1], N. Chaudhry[2], I. Chaudhry[9] and N. Husain[10]

[1]Centre for Addiction and Mental Health, Toronto, Canada; [2]Ishrat Husain Pakistan Institute of Living and Learning, Karachi; [3]Liaquat University of Medical & Health Sciences, Cowasjee Jehangir Institute of Psychiatry, Hyderbabad; [4]Peoples University of Medical and Health Sciences, Nawabshah; [5]Dow University of Health Sciences, Karachi; [6]Baluchistan Institute of Psychiatry and Behavioral Sciences, Quetta; [7]North West General Hospital, Peshawar; [8]National Psychiatric Hospital, Multan; [9]Ziauddin University, Karachi, Pakistan and [10]Division of Psychology and Mental Health, School of Health Sciences, University of Manchester, Manchester, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1770

Introduction: Low and middle-income countries (LMICs) hold the majority of disease burden attributed to major depressive disorder (MDD). Despite this, there remains a substantial gap for access to evidence-based treatments for MDD in LMICs like Pakistan. Measurement-based care (MBC) incorporates systematic administration of validated outcome measures to guide treatment decision making and is considered a low-cost approach to optimise better clinical outcomes for individuals with MDD but there is a paucity of evidence on the efficacy of MBC in LMICs.
Objectives: This protocol highlights a randomized trial which will include Pakistani outpatients with moderate to severe major depression.
Methods: Participants will be randomised to either MBC (guided by schedule), or standard treatment (guided by clinicians' judgement), and will be prescribed with paroxetine (10–60mg/day) or mirtazapine (7.5–45mg/day) for 24 weeks. Outcomes will be evaluated by raters blind to study protocol and treatment.
Results: National Bioethics Committee (NBC) of Pakistan has given full ethics approval. The trial is being conducted and reported as per recommendation of the CONSORT statement for RCTs.
Conclusions: With increasing evidence from high-income settings supporting the effectiveness of MBC for MDD, it is now necessary to explore its feasibility, utility. and efficacy in low-resource settings. The results of the proposed trial could inform the development of a low-cost and scalable approach to efficiently optimise outcomes for individuals with MDD in Pakistan.

Disclosure of Interest: None Declared

EPV0436

Electroconvulsive therapy vs Esketamine among patients with Major Depressive Episode

M. D. R. D. R. F. D. A. Basto*, O. Nombora, L. Santa Marinha, J. L. Simães and A. Horta

Psychiatry and Mental Health, Centro Hospitalar de Vila Nova de Gaia e Espinho, Vila Nova de Gaia, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1771

Introduction: Major depressive disorder is one of the most common and disabling mental disorders. More than 30% of individuals do not achieve remission after several trials of antidepressants and treatment-resistant depression (TRD) is associated with premature mortality. Electroconvulsive therapy (ECT) is considered the gold-standard for TRD treatment,unfortunately it´s underused due to health care barriers and association with adverse cognitive impairment. So, scientists have sought to identify alternative treatments that approach ECT-equivalent efficacy. Trials with Ketamine and more recently with its S-enantiomer (Esketamine) has been made, revealing a rapid and robust antidepressant effect, emerging as an option for TRD treatment.

Objectives: We we aim to conduct a qualitative review, comparing clinical efficacy, tolerability and acceptability between the use of Esketamine and ECT as a TRD treatment.
Methods: We conduct a non-systematic review of recent evidence between the use of Esketamine and ECT as a TRD treatment, using PubMed/Medline database.
Results: To compare clinical efficacy, tolerability and acceptability between the use of Esketamine and ECT as a TRD treatment we analyzed outcomes of interest. First,ECT was superior to Esketamine improving depressive symptoms. Comparing suicidal ideation and suicide attempts, most results were not statistically different. About cognition impairment, Esketamine performed better than ECT, particularizing attention, verbal memory, and executive functions; no differences were found for immediate memory or visual memory.About adverse effects Esketamine has less risk of headache and muscle pain, but higher reports of transient, dissociative or depersonalization symptoms, blurred vision, diplopia and nystagmus. An important consideration for clinicians is the comparative tolerability and safety of Esketamine vs ECT; as ECT involves a full dose of anesthesia,it is expected that Esketamine would be better tolerated and safer than ECT. But no study assessed the relative tolerability or acceptability of these different adverse effect profiles.The best strategy for relapse prevention appears to be continuing ECT, continuing pharmacotherapy, or using some combination of both; but Esketamine continuing treatment is effective too.
Conclusions: ECT may be superior to Esketamine for improving depression severity in the acute phase, but long-term outcomes of these treatments are important to be considered. There are just two studies with long-term follow-up after the trial completed:one found no difference in depression severity during the 3-month follow-up, and the other reported that the remission rates were not different between groups by the 12-month follow-up period. Therefore,future research is needed to further optimize long-term treatment outcomes for both Esketamine and ECT to prevent relapse. Until then,treatment options should be individualized and patient-centered.

Disclosure of Interest: None Declared

EPV0437

Quality of life of depressed patients with chronic diseases

M. G. Rojas*, V. guajardo and P. martinez

psychiatry and mental helath, clnical hospital, santiago, Chile
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1772

Introduction: Chronic diseases are a public health problem and high prevalent on depressed patients.
Objectives: To describe the sociodemographic characteristics and the quality of life of a sample of depressed patients with hypertension and oder diabetes as comorbidity.
Methods: It is the baseline evaluation of 361 persons participating in a clinical trial that studies the effectiveness of a psychoeducational intervention for this type of patients.
Persons with moderate or severe depression and with hypertension and or diabetes attending 8 primary care centers in Santiago were invited to participate .
Results: The sample consisted of 361 study participants,the majority female(89.97%).The mean age was 59.81 years(de=10.28),with an age range observed from 26 to 83 years.Most of the participants had primary(35,91%)or secondary (43.21%)education level.More than a third of the participants reported houshold chores(34.09%) and a quarter were working for income(28.41%).About half of the participants were married(44.48%).The mean PHQ-9 score was 18.73(sd=2.81).Most of the participants had a previous diagnoses of depression(60.39%).The sample obtained an average of 34.99 points(sd=20.82) in the mental health component of the 12-item Short Form Health Survey indicative of poor quality of life related to mental health.
Conclusions: Depressed patients with chronic diseases ,users of primary care clinics, have poor quality of life,so it is urgent to review care protocols to achieve better health results.

Disclosure of Interest: None Declared

EPV0438

Assessing the Efficacy of Repetitive Transcranial Magnetic Stimulation in the Management of Treatment Resistant Depression: A Scoping Review

M. K. Adu[1]*, R. Shalaby[2], P. Chue[2] and V. Agyapong[1]

[1]Psychiatry, Dalhousie University, Halifax NS, Halifax and [2]Psychiatry, University of Alberta, Edmonton, Canada
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1773

Introduction: Treatment-resistant depression (TRD) is the failure to accomplish and/or achieve remission after an adequate trial of different classes of antidepressant treatments. TRD presents with significant disability and high prevalence. It results in a substantive socio-economic burden at the community and global levels. TRD. Studies comparing pharmacotherapy and electroconvulsive therapy with repetitive transcranial magnetic stimulation (rTMS) have demonstrated evidence in support of the therapeutic efficacy of rTMS in TRD.
Objectives: This comprehensive scoping review aimed to explore and garner information in the literature regarding the crucial role of rTMS and its therapeutic efficacy as a treatment modality for TRD.
Methods: Electronic data searches in PubMed, PsycINFO, Medline, Embase, and Cinahl were conducted to identify important articles on rTMS for TRD. The data search strategy was limited to articles written in English and published within the last five years, to the date of the data search (February 2022). Articles were reviewed if they reported on a completed randomized controlled trial of rTMS treatment in TRD. Articles were excluded if they were protocols of rTMS on TRD and studies with rTMS for the treatment of conditions other than TRD. The review process was reported using the PRISMA Extension for Scoping Reviews (PRISMA-ScR).
Results: In total, 17 studies met the eligibility criteria for this review. The geographical breakdown of the extracted studies consisted of North America (n = 9), Europe (n = 5), Asia (n = 2), and Australia (n = 1). The frequencies of rTMS applied in the various studies ranged from 5 Hz to 50 Hz, with stimulation intensities ranging from 80% MT to 120% MT. Overall, 16 out of the 17 studies demonstrated evidence that suggested rTMS treatment was effective, safe, and tolerated in the management of patients with TRD.