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Keywords: Psychiatric Status Rating Scales; Psychometrics; Depression; Surveys and Questionnaires

EPP0435

Treatment of the depressive patients at clinical high-risk for psychosis

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Introduction: At present, there is no universally approach to treating patients at clinical high-risk for psychosis (CHR) without comorbid mental disorders. However, if there are revealed depressive symptoms, proper treatment becomes necessary.
Objectives: Establish pharmacological classes and doses of drugs that have proved effective in treating depressive patients at CHR.
Methods: A comparative study of pharmacological classes and doses of drugs was carried out, showing the effectiveness in treatment of 219 depressive patients at CHR and 52 depressive patients without CHR. The treatment effectiveness was carried out on the reduction of depression symptoms on the HDRS scale, and the CHR symptoms on the SOPS scale.
Results: A significant reduction of depression symptoms was achieved in the group of depressive patients with and without CHR on the HDRS scale (67.9% and 76.6% respectively). The reductions of the CHR symptoms were 46.1% and 53.3% respectively. There were differences between the severity of depression symptoms and CHR symptoms before and after the treatment. Both groups used antidepressants followed by the prescription of antipsychotics to increase the effectiveness of the therapy. No difference was found in the doses of antidepressants for the fluoxetine equivalent (46.0 vs 42.6 mg per day, p 0.05) and some differences were found for the average effective doses of antipsychotics for the chlorpromazine equivalent (385.4 vs 230.8 mg per day, p 0.05).
Conclusions: The same pharmacological classes are used for the treatment of young depressive patients with and without CHR, but the former have significantly higher doses of antipsychotics.

Disclosure: No significant relationships.
Keywords: early intervention; antidepressant; Clinical high-risk; antipsychotic

EPP0436

Psychological aspects of body perception in depression with non-suicidal self-injury

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Introduction: Emotional regulation appears to be a key factor in self-injury. But body image also may play an important role in self-harming.
Objectives: Analysis of the relationship between non-suicidal self-injurious behavior and various aspects of body representation and body perception in adolescents and young women suffering from depression.
Methods: The study involved 85 women with endogenous depression. The answer to the question "Sometimes I purposely injure myself" was used as an indicator of self-harm. The methods include: SCL-90-R, Body Investment Scale (BIS), Physical Appearance Comparison Scale-Revised (PACS-R), Body Satisfaction Scale (BSS), Cambridge Depersonalization Scale (CDS).
Results: The relationship between self-injurious behavior and emotional, cognitive and behavioral characteristics of the self-body perception was revealed: more negative body image - dissatisfaction with its parts and the whole body (correlation with BSS_head ,238*, BSS_body ,472**, BSS_total_score ,453**), which is accompanied by behavioral manifestations - reduced "Protection" (correlation with BIS -,281**), higher rates of self-surveillance and comparisons of the self-body with others (PACS-R ,323**), depersonalization (CDS ,301**), body dissociation (CDS ABE ,346**), somatization (SCL-90-R ,226*).
Conclusions: For young women with depression, it has been shown that when self-harming, the self-body is "devalued", perceived as "bad," and the need to protect it is ignored. The severity of self-harm directly correlates with the phenomena of somatopsychic depersonalization. The results obtained may indicate that rejection of the self-body, "alienated" attitude and deprivation of the body of "subjectivity" can contribute to its use as a tool for solving psychological problems, which is a risk factor for the development, consolidation and aggravation of self-injurious behavior.

Disclosure: No significant relationships.
Keywords: body perception; depersonalization; Depression; self-harm

EPP0437

ESKALE study, a French real-world study of esketamine nasal spray for patients with treatment-resistant depression

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Introduction: Esketamine nasal spray has been developed to treat adults with treatment resistant depression. On Dec.2019, EMA granted a market access approval in this indication.
Objectives: ESKALE is a descriptive study of treatment resistant depression patients treated with esketamine in France.
Methods: Observational retrospective study. 157 patients are included in 3 cohorts depending on their treatment initiation date.