pharmacological treatments are often inefficient, sometimes requiring extended periods to achieve acceptable remission through combinations or augmentations. Non-pharmacological approaches constitute an element in the therapeutic options for this mental disorder. In recent years, there has been a growing interest in non-pharmacological biological treatment interventions. Among the principal ones are Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), Deep Brain Stimulation (DBS), and Vagus Nerve Stimulation (VNS).
Objectives: The aim of this paper is to review the current available literature to expand our knowledge about biological non-pharmacological treatment in depression, particularly ECT, TMS, DBS, and VNS.
Methods: A qualitative review was conducted over the last 5 years, using the Medline database through PubMed. We selected studies in English or Spanish that met the objectives of the review, excluding references in other languages. The scientific evidence obtained was analyzed and synthesized.
Results: There is growing evidence in this area. TMS, whose place in clinical guidelines remains unclear, is a less available treatment but might be considered in patients with moderate to severe depression who cannot receive pharmacological treatment. DBS, which shows good results in treatment-resistant major depressive disorder, achieves response rates greater than 50%. VNS has accumulated studies since its approval for treatment-resistant depression, showing some latency of response but demonstrating improvement persistence for at least two years, although some studies have not clearly shown a benefit. We also found studies demonstrating the effectiveness and favorable cost-benefit balance of ECT.
Conclusions: This review highlights the importance of increasing knowledge in these types of treatments. They have shown significant progress in recent years. We have a better understanding and use of the technique of ECT, while newer options have gained evidence in effectiveness over these years, with improvements facilitating their use in patients with treatment-resistant depression.

Disclosure of Interest: None Declared

EPV0409

Neurocognitive Targets for Psychological Assistance in Patients with the Anhedonia Phenomenon within the Framework of Affective Pathology

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Introduction: Anhedonia is a transdiagnostic psychopathological phenomenon that is considered a key feature for several disorders, primarily affective spectrum disorders. It exhibits a significant association with social and occupational maladjustment, reduced quality of life, and increased suicidal risk among psychiatric patients.
Objectives: The aim of this study is to identify recommendations for psychotherapeutic assistance for patients with affective spectrum disorders.
Methods: A total of 26 patients with affective spectrum disorders (ICD-10 code - F33, F31) and the phenomenon of anhedonia were examined. We utilized neuropsychological methods aimed at investigating a wide range of cognitive functions (Dynamic praxis; Color interference test; Arithmetic Tasks; Number of skips and impulsive errors; Reverse and straight rows; Verbal fluency; Design fluency; Rey-Osterritz figure) and psychometric methods designed to diagnose various types of anhedonia (consummatory (TEPS), anticipatory (TEPS), social (RSAS), and physical (PAS)).
Results: Among patients with depression, the consummatory type of anhedonia was the most pronounced. A relationship was found between anticipatory anhedonia and phonetic verbal fluency ($r = 0.487$; $p < 0.01$). Additionally, there were correlations between immediate (consummatory) pleasure experience and Rey figure errors ($r = -0.349$; $p < 0.05$). Social anhedonia was associated with phonetic verbal fluency productivity ($r = -0.509$; $p < 0.01$) and performance in visual fluency productivity ($r = -0.473$; $p < 0.01$).
Conclusions: The obtained results allow us to hypothesize that anhedonia is associated with difficulties both in evaluating and imagining possible positive stimuli, which leads to a lack of emotional response to the current stimulus. Thus, the availability of current pleasure may be linked to memory accessibility and regulatory function. When these domains are weakened, the respondent loses the ability to associate the current stimulus with positive past experiences, making it challenging to generate an emotional response in the current stimulus situation and disrupting the anticipation of pleasure. Based on the results, we propose the effective use of behavioral activation and work on the actualization of past experiences. Behavioral activation can be implemented by gradually introducing behaviors associated with past pleasures into the patient's life, followed by cognitive restructuring aimed at focusing the emotional response on past and current stimuli. In addition to this, from a neurocognitive perspective, an additional element of therapy could involve training various types of cognitive functions, with an emphasis on the auditory modality.

Disclosure of Interest: None Declared

EPV0410

Sexual dysfunction, depression, and the impact of antidepressants

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Introduction: Sexual dysfunction is a common side effect of antidepressants and can have significant impact on the person's quality of life, relationships, mental health, and recovery. The reported incidence of sexual dysfunction associated with antidepressant medication varies considerably between studies, making it difficult to estimate the exact incidence or prevalence.

Objectives: The focus of this e-poster is to explore the incidence, pathophysiology, and treatment of depression disorder and antidepressant iatrogenic sexual dysfunction.
Methods: A bibliopgraphical review was performed using PubMed platform. All relevant articles were found using the keywords: depression, sexual disfunction, antidepressant.
Results: Sexual dysfunction is a common symptom of depression. Although decreased libido is most often reported, difficulties with arousal, resulting in vaginal dryness in women and erectile dysfunction in men, and absent or delayed orgasm are also prevalent. Sexual dysfunction is also a frequent adverse effect of treatment with most antidepressants and is one of the predominant reasons for premature drug discontinuation. Selective serotonin reuptake inhibitors are the most widely prescribed antidepressants and have significant effects on arousal and orgasm compared with antidepressants that target norepinephrine, dopamine, and melatonin systems. The availability of an antidepressant that does not cause or exacerbate sexual dysfunction represents an advance in pharmacotherapy for mood disorders and should reduce treatment noncompliance and decrease the need for switching antidepressants.
Conclusions: The sexual problems reported range from decreased sexual desire, decreased sexual excitement, diminished or delayed orgasm, to erection or delayed ejaculation problems. There are a number of case reports of sexual side effects, such as priapism, painful ejaculation, penile anesthesia, loss of sensation in the vagina and nipples, persistent genital arousal and nonpuerperal lactation in women.

Disclosure of Interest: None Declared

EPV0412

Psychotic Depression, Mannerisms and Alzheimer's Disease: a case report

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Introduction: We present the case of a 56-year-old patient with two depressive episodes with psychotic symptomatology in a period of three years, who began with mania and developed Alzheimer's disease.
Objectives: The case is presented with the aim of providing a brief review of psychiatric symptomatology as a prodrome of Alzheimer's disease.
Methods: A 56-year-old patient, with no psychiatric antecedents of interest, who presented a depressive episode with psychotic symptoms, requiring admission to a short hospitalisation unit, as well as antidepressant treatment with sertraline at 200mg daily and olanzapine 20mg. He remained stable for two years and was able to withdraw treatment progressively. However, after remaining euthymic without pharmacological treatment for six months, he had another episode with psychotic symptoms. In this last episode, he did not require hospital admission, but he did require a change in antidepressant treatment, given that he did not tolerate treatment with sertraline. Treatment was therefore started with duloxetine 120mg, aripiprazole 20mg and as no clear improvement was observed, months later it was decided to use lamotrigine 100mg as a stabiliser.
Results: In this last episode, despite the significant affective improvement and maintaining psychopathological stability, without presenting psychotic symptoms, the patient presented marked dysfunction in day-to-day life due to a striking attention deficit, lack of concentration and reduced short-term memory. At the same time, he also exhibits mannerisms which are observed in the consultation room, in the form of repetitive hand movements.
For these reasons, it was decided to request MRI and SPECT, obtaining results compatible with possible incipient cognitive deterioration.
Conclusions: It seems that up to 40% of patients with dementia have depressive symptoms. It seems that depression at an advanced age may in fact be a prodromal symptom of dementia.

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EPV0416

Esketamine in resistant depression: a case report

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Introduction: Major depressive disorder is a common psychiatric condition affecting around 264 million people worldwide (WHO: Depression Fact Sheet. [Apr;2021]). Despite pharmacological advances, many patients still do not respond to antidepressant treatment or do so partially.
It is estimated that only 50-70% of patients respond to the initial antidepressant treatment according to the STAR-D study. 15% percent of cases do not respond significantly to various pharmacological and psychotherapeutic attempts (Rush AJ et. STAR*D report. al Am J Psychiatry). The current consensus places resistant depression for a practical approach in one that has been treated with two different antidepressant strategies in adequate doses and time and has not been remitted (Souery D et el, Treatment-resistant depression. J Clin Psychiatry 2006). We present a clinical case of a patient with Major Depressive Disorder, resistant to several therapeutic lines, in which intranasal esketamine was initiated.
Objectives: The main objective is to report the result of treatment with esketamine in a clinical case.
Methods: This work analyze the clinical evolution and reponse of a 62-year-old patient after initiating intranasal esketamine.
This is a patient with a single depressive episode, with no personal psychiatric history of interest that, after exhausting several options of pharmacological and non-pharmacological treatment.
Regulated psychotherapy based on cognitive behavioral therapy was carried out along with different pharmacological strategies according to the recommendations of the main clinical guidelines: antidepressant dose increase, antidepressant change, combination of several antidepressants and potentiation with another drug. We

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