

However, response and remission rates of ketamine in ECT showed no significant difference from the comparator groups and was associated with higher rates of psychiatric and cardiovascular adverse events.

Conclusions: The results did not support the use the combination of ketamine and propofol as anesthetic agents for ECT in patients with MDD. However, further studies are needed to investigate the beneficial clinical and cognitive effects of ketamine alone in ECT settings.

Disclosure: No significant relationships.

Keywords: Ketamine; Depression; Treatment-resistant depression; Electroconvulsive therapy

EPV0638

S-Ketamine in the treatment of depressive emergencies: a cases series of patients in a suicidal crisis

B. Baune^{1*}, Z. Susam², V. Falcone², C. Knümann², P. Sarkheil² and E. Kavakbasi²

¹Westfaelische-Wilhelms-University Muenster (WWU), Department Of Mental Health, Muenster, Germany and ²University of Münster, Department Of Psychiatry, Münster, Germany

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1446

Introduction: Psychiatric emergencies in Major Depressive Disorder (MDD) are characterised by multiple types of symptoms including risk of self-harm and suicidal ideation. S-ketamine intranasally (Spravato) has recently been shown to help alleviate symptoms during depressive emergencies. In this case-series, we detail the clinical effects and usability of S-ketamine applied intranasally in a psychiatric emergency setting.

Objectives: To describe the effects of S-Ketamine on depressive crises associated with suicidality and self-harm in a psychiatric emergency setting.

Methods: Patients with MDD in a psychiatric emergency were provided with intranasal S-Ketamine according to clinical indication in routine clinical care in a University inpatient setting. Clinical characteristics were assessed in a standardised manner and symptom measures were applied pre-and posttreatment. Experience with 10 patients is systematically described in this case-series.

Results: Patients had a primary diagnosis of MDD accompanied by a variety of secondary psychiatric comorbidity. Among these 10 patients, the majority were female (70 %) and the mean age was 49.5 yrs (range 26-66). All cases were considered treatment resistant and suffered severe acute suicidal ideation. Across all cases, pre-treatment MADRS was 37 on average (range 20-47) indicating a severe form of MDD. High severity was confirmed in elevated BDI scores (pre-treatment 39). Post-treatment, MADRS scores were reduced to 18 on average, alongside BDI scores (mean 24). S-ketamine administration was well-tolerated and side effects such as dissociation were of short-lived duration.

Conclusions: S-Ketamine intranasally can be safely and effectively administered in an acute psychiatric setting to treat psychiatric emergencies.

Disclosure: BTB received honoraria for consultancy and presentations from AstraZeneca, Bristol-Myers Squibb, Lundbeck, Pfizer, Servier, Wyeth, LivaNova, Janssen, Novartis, Otsuka, Angelini.

Keywords: s-ketamine; depression; suicidal ideation; emergency psychiatry

EPV0641

Depression and anxiety among psychiatry residents

N. Bouattour^{1*}, W. Bouattour², M. Abdelkefi², N. Messedi³, F. Charfeddine³, L. Aribi⁴ and J. Aloulou⁵

¹Hedi Chaker University Hospital Ain road 0.5 Km, Psychiatry B, Sfax, Tunisia;

²university hospital center Hedi Chaker Sfax, Psychiatry B, sfax, Tunisia;

³Hedi Chaker University Hospital, Psychiatry 'b' Department, Sfax, Tunisia;

⁴Hedi chaker, Hospital, Sfax, Tunisia and ⁵Hedi Chaker University Hospital, Psychiatry "b" Department, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1447

Introduction: Residency training has been reported as being stressful which may lead to different mental disorders.

Objectives: To study the prevalence and associated factors of anxiety and depression symptoms among psychiatry residents.

Methods: A cross-sectional study was conducted through an online survey among psychiatry residents. Participants completed an anonymous self-administered questionnaire and the HADS questionnaire for screening anxiety and depression.

Results: Forty responses were collected. The average age of the sample was 28.08 ± 2.43 and the sex-ratio (F/M) was 0.875. Eleven participants were married. Eight residents were smokers. The prevalence of alcohol use and cannabis use was 22.5 % and 5% respectively. Half of participants were first year residents and near three-quarter of them (72.5%) declared working in poor conditions. A considerable proportion of participants had symptoms of anxiety and depression. The prevalence of anxiety case and depression case was 52.5% and 47.5% respectively. The prevalence of Anxiety symptoms and depression symptoms was significantly higher in female participants ($p = 0.017$, $p=0.034$ respectively). Poor conditions of the workplace were significantly associated with depression symptoms ($p=0.004$).

Conclusions: Training residents in psychiatry showed high rates of anxiety and depression symptoms. Screening and early management of these psychiatric manifestations is necessary. In addition, improving working conditions would upgrade their training and quality of life.

Disclosure: No significant relationships.

Keywords: Depression; Anxiety; Training residents in psychiatry; HADS

EPV0642

Study of the efficacy and safety of various pharmacotherapy regimens for atypical depression in the framework of bipolar affective disorder, recurrent depressive disorder, psychogenic depression.

M. Verbitskaya*, N. Tyuvina and Y. Tyulpin

Sechenov First Moscow State Medical University of the Ministry of Health of Russia (Sechenov University), Department Of Psychiatry And Narcology, Clinic Of Psychiatry And Narcology Named After S.s. Korsakov, Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1448

Introduction: To improve the effectiveness of treatment for atypical depression, it is necessary to revise the accumulated experience, taking into account new knowledge and drugs.

Objectives: Comparative study of the efficacy and safety of therapy for atypical depression (AtD) in the structure of bipolar affective disorder (BAD), recurrent depressive disorder (RDR) and psychogenic depression (PD).

Methods: Clinical and clinical follow-up methods examined 77 patients with AtD, of which 35 - with bipolar disorder, 18 - with RDR and 24 - with PD. Patients in all three groups received monotherapy with an antidepressant or a mood stabilizer, or a combination of antidepressant and antipsychotic, antidepressant and mood stabilizer, mood stabilizer and antipsychotic, as well as a combination of antidepressant, antipsychotic and mood stabilizer.

Results: Agomelatine was the most frequently used (27.3%) and effective in reducing MADRS in all groups both in monotherapy and in combination with other drugs. Also in the PD group, escitalopram and vortioxetine were highly effective. Of the antipsychotics, when combined with antidepressants, sulpiride was found to be the most effective. When comparing the tolerance of antidepressants in all groups showed the best results (by the CGI scale), agomelatine and venlafaxine, in the BAR group is also vortioxetine.

Conclusions: The best strategy for effective and safe treatment of atypical depression is the use of modern antidepressant, which does not increase the symptoms of the atypical spectrum and, if necessary, can be supplemented with some antipsychotics.

Disclosure: No significant relationships.

Keywords: recurrent depressive disorder; psychogenic depression; Bipolar Affective Disorder; atypical depression

EPV0643

The Role of Vagus Nerve Stimulation in Depression: What We Know?

A. Fraga*, B. Mesquita, D. Esteves-Sousa, J. Facucho-Oliveira, M. Albuquerque, P. Espada-Santos, P. Cintra and A. Moutinho

Hospital de Cascais, Psychiatry, Alcabideche, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1449

Introduction: Depression is a leading cause of disability affecting over 300 million individuals worldwide. About 1/3 of patients with depression fail to achieve remission despite treatment with multiple antidepressants and are considered to have treatment-resistant depression (TRD). In view of such facts, vagus nerve stimulation (VNS) therapy was approved as an adjunctive long-term treatment for TRD.

Objectives: The authors elaborate a narrative literature review about the effectiveness of VNS in treatment for TRD.

Methods: PubMed database searched using the terms "treatment-resistant depression", "vagus nerve stimulation"

Results: The pathophysiology of depression is complex and includes social environmental stress factors, genetic and biological processes, inflammation, and disturbances in monoamine neurotransmission. The overdrive of the HPA axis is most consistently seen in subjects with more severe depression, when the cortisol feedback inhibitory mechanisms are impaired, contributing to cytokine oversecretion. It has been shown that chronic exposure to elevated inflammatory cytokines can lead to depression. The vagus nerve represents the main component of the parasympathetic nervous system, which oversees a vast array of crucial bodily

functions, including control of mood and immune response. VNS therapy has a demonstrated anti-inflammatory effect which might be a significant reason for its efficacy in patients who did not respond to antidepressants. Treatments that target the vagus nerve increase the vagal tone and inhibit cytokine production and the stimulation of vagal afferent fibers in the gut influences monoaminergic brain systems.

Conclusions: The mechanisms by which VNS may benefit patients nonresponsive to conventional antidepressants is unclear, with further research need to clarify this.

Disclosure: No significant relationships.

Keywords: Depression; Treatment-resistant depression; vagus nerve stimulation

EPV0644

Postpartum Depression, Catatonia and Covid-19 Infection: One Case, Different Clinical Presentations

D. Leite* and A.F. Antunes

Hospital Espírito Santo de Évora, Departamento De Psiquiatria E Saúde Mental, Évora, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1450

Introduction: Post-partum depression may occur in the first year after childbirth in approximately 25% of women, at times presenting with psychotic symptoms and catatonic states. Catatonia is a psychomotor syndrome that occurs in association with various neuropsychiatric disorders and can be described according to the characteristics of its manifestation in types such as retarded or agitated.

Objectives: We report the case of a patient with postpartum depression and catatonic syndrome who, after a session of electroconvulsive therapy, was infected with Sars-COV-2, suspended treatment, and had her condition aggravated with distinct clinical manifestations.

Methods: Clinical case report and non-systematic review of articles consulted in the PubMed platform.

Results: A 24-year-old patient develops depressive symptoms and obsessive behaviour 6 months after delivery and deteriorates with mutism, stupor and motor immobility. She was hospitalised and medicated with lorazepam, with no improvement. One session of electroconvulsive therapy was carried out with improvement of the symptoms. Due to an inpatient Covid-19 outbreak, in which the patient was infected, treatment was suspended. During isolation, deterioration of the patient's condition was observed with psychomotor agitation, bizarre behaviour, and perseverative speech. The patient resumed treatment with ECT, with total remission of the catatonic syndrome and improvement of the affective symptoms.

Conclusions: Catatonic syndromes are relatively rare, but its association with post-partum depression is not so uncommon. The occurrence of different presentations of catatonia, although described as possible in the same episode in the literature, were not found in any clinical studies reviewed, which leads us to conclude that it is an uncommon situation.

Disclosure: No significant relationships.

Keywords: postpartum depression; Covid-19; Catatonia