Conclusions: Overall, rTMS appeard to provide significant therapeutic benefits for patients with TRD through the reduction of depressive symptoms. However, while there is progressive evidence in support of rTMS in TRD, more research is needed to define the standardized protocols of rTMS application in terms of localization, frequency, intensity, and pulse parameters to realize its full potency in TRD.

Disclosure of Interest: None Declared

EPV0439

Adjunctive Therapy of Text4Support for Treatment-Resistant Depression Patients Receiving Repetitive Transcranial Magnetic Stimulation. A Multicenter Randomized Controlled Pilot Trial

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Introduction: Despite several treatment strategies for treatment-resistant depression (TRD) exist, including the use of repetitive transcranial magnetic stimulation (rTMS), new therapeutic options are being introduced. Text4Support is a form of cognitive behavior therapy that allows patients with depression to receive daily supportive text messages that seek to correct or alter negative thought patterns through positive reinforcement. Text4Support is deemed a useful augmentation treatment strategy for patients with TRD. It is however currently unknown if adding the Text4Support intervention will enhance patients with TRD's response to rTMS treatments
Objectives: This study aims to assess the initial comparative clinical effectiveness of rTMS when used with and without the Text4Support program as an innovative patient-centered intervention for the management of participants diagnosed with TRD.
Methods: This study is a multicentered prospective, parallel-design, two-arm, rater-blinded randomized controlled pilot trial. In total, 200 participants diagnosed with TRD will be randomized to one of two treatment arms (rTMS alone and rTMS with Text4-Support). Participants in each arm will be made to complete evaluation measures at baseline, 1,3, and 6 months. The primary outcome measure will be the mean change to scores on the Hamilton Depression Rating Scale. Patient service utilization data and clinician-rated measures will also be used to gauge patient progress. Patient data will be analyzed with descriptive statistics, repeated measures, and correlational analyses.
Results: The result of the study is expected to be available 18 months after the start of recruitment. We hypothesize that participants enrolled in the rTMS plus Text4Support intervention will achieve superior outcomes compared with participants enrolled in the rTMS treatment alone.
Conclusions: The concomitant application of the combination of these two treatment techniques has not been investigated previously. Therefore, we hope that this project will provide a concrete base of data to evaluate the practical application and efficacy of using a novel combination of these two treatment modalities.

Disclosure of Interest: None Declared

EPV0440

Comparative Effectiveness of Daily Supportive Text Messages Versus Email Messages for Patients with Depression. Randomized Hybrid Type II Effectiveness-Implementation Trial

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Introduction: Background: Major depressive disorder (MDD) is a global health problem accounting for about 40.5% of disability-adjusted life years caused by mental and substance use disorders. Barriers to accessing healthcare services have been reported, highlighting the need for innovative, accessible, and cost-effective psychological interventions. Several clinical trials have proven the effectiveness of supportive SMS text messaging in ameliorating depressive symptoms, however, this approach can only be accessible to individuals having cell phones.
Objectives: This paper aims to evaluate the effectiveness, feasibility, and user satisfaction of daily supportive email messaging as a non-inferior intervention compared to daily supportive text messaging as an add-on treatment for patients with depression.
Methods: This trial will be carried out using a hybrid type II implementation-effectiveness design. In addition to the usual care, patients with depression will be randomized to receive either supportive text messages or supportive email messages. The messages in both groups will have the same content and will be provided daily for 6 months. The implementation evaluation will be guided by the Consolidated Framework for Implementation Research and the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework. Descriptive and inferential statistics will be employed in the analysis of the quantitative outcome measures, while thematic analysis will be used for Qualitative data.
Results: The results are expected to be available 18 months after the start of recruitment. The results will highlight the feasibility, acceptability, and effectiveness of using automated emails as a strategy for delivering supportive messages to patients with depression as non-inferior to text messaging.
Conclusions: The outcome of this trial will have a translational impact on routine patient care and access to mental health, as well as potentially support mental health policy decision-making for health care resource allocation.

Disclosure of Interest: None Declared

EPV0441

Risk factors for psychiatric readmission among inpatients with major depressive disorder: A patient-chart based study

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Introduction: Major depressive disorder (MDD) is a common and severe mental disorder. Although inpatient care may be needed in some cases, little is known on which factors are associated with risk for readmission.
Objectives: To identify risk factors associated with an increased risk of readmission within 90 days, after being discharged from psychiatric inpatient care for depression.
Methods: A medical record review is ongoing based on consecutive inpatients admitted in 2019-2021 at Sahlgrenska University Hospital, in Sweden. Inclusion criteria are MDD-diagnosis, admission > 7 days, no admission during the past half-year. Exclusion criteria are blocked medical record, patients who expired within 90 days after discharge. Time to first readmission for discharged patients was examined within 90 days. Clinical and sociodemographic characteristics were compared between readmitted and no-readmitted patients.
Results: To date, 446 cases have been included with a readmission rate of 19.5%. In a subgroup of 182 patients (admitted between April 2020 and March 2021), psychotic subtype of depression seems to be protective to re-admission ($p < .003$) while comorbid eating ($p < .017$) and neurodevelopmental disorder ($p < .029$) seem to be associated with high risk. At the congress, results from the whole cohort will be presented.
Conclusions: Medical record reviews can give good clinically relevant data for prediction of readmission. Comorbidities and depression subtypes may affect the risk for readmission.

Disclosure of Interest: None Declared

EPV0442

Stigma, confidence, attitudes, barriers and incentive factors in pharmaceutical care of patiens with depression in Lithuania: a protocol for a prospective 3 years follow-up study

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Introduction: According to the WHO, approximately 280 million people in the world have depression. It is known that pharmacists are in an ideal position to offer proactive interventions to people with depression or depressive symptoms. However, pharmacists' stigmatizing attitudes towards depression and patients with mental illness may decrease the quality of pharmaceutical care services provided to those patients. No research has been conducted on pharmaceutical care and pharmacists attitudes towards patients with depression in Lithuania.
Objectives: The aim of the study is to evaluate stigma, confidence, attitudes, barriers and incentive factors in providing pharmaceutical care to patients with depression in Lithuania.
Methods: The prospective 3 years follow-up study will be carried out among the pharmacists in Lithuania. The sample size of 269 respondents is calculated. First of all, pharmacists will be provided with a training lecture by trained investigator (M.Z.) about depression and its pharmaceutical care. At the same day, after the lecture, pharmacists' stigma, confidence, attitudes, barries and incentive factors in providing pharmaceutical care to patients with depression will be evaluated by 5 questionnaires:

1. Participants will be asked to provide sociodemographic information included age, gender, years of practice, etc;
2. The pharmacists' stigma of patients with depression will be evaluated using eight likert-scale items that measure how patients with depression are perceived;
3. Pharmacists' attitudes toward depression will be evaluated using Depression Attitude Questionnaire;
4. Pharmacists' confidence in medication consultation for patients with depression will be evaluated using The Pharmacists' Confidence scale about Medication Consultation for Depressive patients (PCMCD);
5. A list of possible barries and incentive factors identified in the literature will be provided to pharmacists and they will be asked to choose as many barriers and incentive factors as they think are relevant.

Next trainings lectures will be performed repeatedly at the month 6, 12, 18, 24, 30 and at the end of the study - month 36. Also, pharmacists' position will be re-evaluated after each training lecture by the same 5 questionnaires.
The Lithuanian Bioethics Commitee approval is going to be received after the training program is confirmed (estimated time – the 1st quarter of 2023).
Results: Stigma, confidence, attitudes, barriers and incentive factors in providing pharmaceutical care to patients with depression in Lithuania will be evaluated.
Conclusions: Conclusions will be drawn on stigma, confidence, attitudes, barriers and incentive factors in pharmaceutical care of patiens with depression in Lithuania. Also, practical recommendations will be introduced to The Ministry of Health of The Republic of Lithuania.

Disclosure of Interest: None Declared

EPV0443

Use of aripiprazole in dysthymic disorders. Purposely a case

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Introduction: Dysthymia is a chronic mood disorder with similar but less severe features than major depressive disorder. Compared to the latter, major depressive episodes of dysthymic disorder are more spaced, less intense, and more persistent.
The most effective treatment is usually the combination of serotonin reuptake inhibitor antidepressant drugs with behavioral, cognitive, interpersonal and group psychotherapies.