

**Results:** We present the case of a 64 years old woman, divorced and retired, who lives with her son since the aggravation of the depressive symptomatology, with no medical nor surgical background and no history in Mental Health before her first psychiatric internment in 2020. Between February 2020 and June 2023, 5 different treatments options with supervise intake were tried, including increment of the dose, antidepressant rotation, the combination of Desvenlafaxine + Mirtazapine and adding Topiramate and Lithium, with no improvement. Among this years, 3 psychiatric internments were needed because of the depressive symptoms and 1 more hospitalization in Internal Medicine was required because of the patient severe, malnutritional state. In June 2023 and after two complete analysis, a MR and a score of 28 points in the Hamilton Depression Rating Scale treatment with Esketamine was started with no incidences. She described one dissociative episode during which she assures “she was surrounded by soft, rubbery, yellow bubbles”. After 4 months of treatment the patient has recovered her previous functional rate and has an 8 points score in the HDRS.

**Conclusions:** In conclusion, we can affirm that Esketamine is an effective and secure option for Resistant Depression Disorder. Nevertheless, Before considering a Depressive Episode as “resistant to treatment”, treatment adherence and other medical, surgical and psychiatric comorbidities must be studied.

**Disclosure of Interest:** None Declared

### EPV0377

#### Tardive Dysphoria: can antidepressants cause depression?

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**Introduction:** tardive dysphoria is a relatively new term used to describe the phenomenon of clinical worsening of depression after long-term antidepressant use. Most of the theories proposed to explain this talk about antidepressants tachyphylaxis that implies the loss of efficacy with its prolonged use, or even a pro-depressant effect of antidepressants when used for long periods of time.

**Objectives:** to explore the concept of tardive dysphoria, potential causes and clinical implications, by making a literature review on the topic. Moreover we pretend to understand the challenges in its diagnosis and treatment.

**Methods:** bibliographical search in PubMed database, using the key-words “long-term antidepressant”, “tardive dysphoria” and “antidepressant tachyphylaxis”, limited to works published in the last twenty years.

**Results:** from our search resulted 53 articles, 26 were chosen for further analysis.

**Conclusions:** the concept of tardive dysphoria is controversial, namely doubt persists if it constitutes a clinical entity by itself caused by long-term antidepressant use or if it simply relates to cases of treatment-resistant depression. We conclude that it is necessary further investigation in this area given the significant implications on clinical practice specifically in the psychopharmacological

treatment with antidepressants, which is very common in psychiatric and general practices, with antidepressants being used to treat many mental health conditions.

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### EPV0380

#### Depression in the elderly and dementia with Lewy bodies: A case report of a challenging diagnosis

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**Introduction:** Depression and dementia with Lewy bodies (DLB) are two fairly common pathologies in the elderly which can have similar presentations or be associated and therefore pose a diagnostic challenge.

**Objectives:** We propose to illustrate, through our case, the diagnostic and therapeutic challenge of these two pathologies.

**Methods:** We present the case of Ms. S. BA aged 67, without organic or psychiatric history, admitted to the psychiatry department for massive anxiety and insomnia. The troubles date back to nineteen months when the patient isolated herself, remained bedridden, lost her appetite and no longer slept. The evolution quickly led to the appearance of an excessive agitation. The patient became distracted, talking and laughing to herself, and ran away from the house. She consulted several free-lance psychiatrists and received several antipsychotic medications without improvement. The admission interview revealed a very anxious patient with a difficult contact. Her speech was centred on well-detailed visual hallucinations with themes of death. The neurological examination was difficult at first. She was started on haloperidol and clonazepam. After 2 days, neurological examination showed a parkinsonian syndrome and a temporal disorientation. Other cognitive functions were difficult to assess. The two diagnoses evoked were DLB and a characterized depressive episode with psychotic features. Standard workup showed mild anaemia and thrombocytopenia. Brain MRI and electroencephalogram and immune tests were normal. However, PET imaging was not available in our hospital. Haloperidol was immediately stopped and the patient was treated with an anticholinergic corrector in combination with quetiapine at 200 mg. The evolution was characterized by a significant reduction in anxiety and visual hallucinations with a marked improvement of the parkinsonian syndrome. Depressive symptoms took the forefront of the clinical presentation; hence we associated sertraline with quetiapine. The subsequent evolution showed a clear improvement in the depressive symptoms with total resolution of the parkinsonian symptoms and a normal cognitive evaluation.

**Results:** In our case, the clinical evolution constituted a key element in the diagnostic orientation. So far, it is unlikely that our patient has DLB and the diagnosis retained was a characterized depressive episode with psychotic and melancholic features. Depression in the elderly can have atypical presentations, and raise the possibly of other differential diagnoses. Diagnostic uncertainty should not delay the implementation of treatment.