people, as well as everyone who participates in the recovery process, are familiar with all the elements that contribute to the recovery of mental health in order to help people with SMD identify goals and assess their achievement. We have therefore created a Recovery Helm to assess the functioning in the various areas necessary for recovery to help us assess the needs and monitor the recovery process of people with mental health problems.
Objectives: The goal is to assess the initial state of mental health and monitor the effects of the mobile rehabilitation team program on the recovery of people with SMI through the use of the Recovery Helm.
Methods: We used the Recovery Helm: http://shorturl.at/gyCDQ as an instrument for the initial assessment of all areas crucial for recovery to determine the goals of recovery and interventions needed to achieve these goals of rehabilitation in 30 patients included in the program of the mobile rehabilitation team applying different psychosocial interventions according to the individual recovery plan made as a mutual agreement between patients and rehabilitation team. The status of recovery is evaluated after 3 and 6 months.
Results: The results indicate significant improvements in most areas of the recovery assessed at the Recovery Helm selected as individually important goal for a person included in the rehabilitation program
Conclusions: The Recovery Helm is an excellent clinical assessment instrument that helps determine recovery goals and rehabilitation interventions that promote recovery and monitor the achieved results.

Disclosure of Interest: None Declared

EPP0299

Navigating the Professional Journey for Adults with Attention Deficit/Hyperactivity Disorder: Challenges and Strategies

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Introduction: Attention deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects approximately 5% of adults. Individuals with ADHD often display symptoms of inattention, including poor time management and difficulty concentrating and completing tasks. Hyperactivity frequently attenuates over time and transforms into inner restlessness, leading to workaholic behaviors. Impulsive symptoms, on the other hand, may manifest as irritability and low frustration tolerance.
Objectives: To describe the workplace challenges that adults with ADHD face and to explore strategies to improve their occupational outcomes.
Methods: A non-systematic review of the clinical literature available in PubMed was conducted using the keywords: "employment" and "attention deficit hyperactivity disorder".
Results: Individuals diagnosed with ADHD, in contrast to those without the condition, statistically exhibit poorer job performance and increased lateness, job instability, workplace injuries, particularly traffic accidents, comorbid diseases, and financial problems. Therefore, they often work harder to compensate for their limitations however the findings regarding the health impact of such high job demands are inconsistent. Stimulant therapy during childhood is the main predictor of successful adult employment. Contrarily, risk factors for workplace impairment in ADHD include female gender, executive deficits, lower IQ, less education, combined/inattentive subtype, and history of substance abuse, depression, or anxiety. It was also demonstrated that ADHD individuals may thrive in manual and creative roles and hyperactivity can benefit self-employment. Psychiatrists should offer psychoeducation, along with psychostimulants if necessary, as it is the first-line treatment. Nonetheless, the long-term impact of pharmacological treatment on professional outcomes remains unclear. Although most employers lack ADHD knowledge, workplace strategies including well-defined duties, feedback, job control, and flexibility have been shown to effectively mitigate ADHD symptoms.
Conclusions: Evidence suggests that a significant amount of employees with ADHD face challenges in finding and keeping a job. Thus, identifying and treating ADHD in adulthood is imperative to help them selecting careers that align with their strengths and weaknesses, which are partially influenced by ADHD, and to promote optimal occupational health. This effort requires collaboration between psychiatry and occupational health professionals. Additionally, it is necessary to start implementing educational campaigns among workforce teams to effectively accommodate workers with ADHD. Further studies are needed to develop occupational programs and rehabilitating interventions tailored to this population.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0300

Efficacy of Silexan in Patients with a Major Depressive Episode – First Results from a Multi-centre, Double-blind, Randomised, Placebo- and Reference-controlled Phase III Trial

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Introduction: Silexan [1], an essential oil from *Lavandula angustifolia* flowers, is the active substance of a medicinal product for oral use in the treatment of anxiety disorders. It has been shown to be effective in the treatment of patients suffering from mixed anxiety and depression.
[1] Silexan® is a special essential oil from Lavandula angustifolia, Dr. Willmar Schwabe GmbH & Co. KG, Karlsruhe, Germany
Objectives: The trial (ISRCTN36202964) was conducted to investigate the antidepressant efficacy of Silexan in patients with a major depressive episode compared to placebo and Sertraline.
Methods: Adult patients (≥18 years) suffering from a major depressive episode of mild to moderate severity according to ICD-10 were included. Further inclusion criterion was a total score of 19 –

34 points in the Montgomery-Asberg-Depression Rating Scale (MADRS). Randomised patients took 80 mg Silexan, 50 mg Sertraline, or placebo once daily over 8 weeks. Primary efficacy endpoint was the change of the MADRS total score between baseline and week 8. Response (a reduction of the MADRS total score ≥50%), remission (MADRS total score <10 at the end of the treatment), the Patient Health Questionnaire PHQ-9, the Beck Depression Inventory, the Clinical Global Impressions, and the Sheehan Disability scale served as secondary endpoints.
Results: The full analysis set consisted of 498 patients. Between the start and end of treatment, the MADRS total score decreased by 12.1 (13.3, 11.0) points (adjusted mean, 95% confidence interval) in patients treated with Silexan, by 12.6 (13.7, 11.5) points in patients treated with Sertraline, and by 9.95 (11.1, 8.77) points under placebo. The confirmatory analysis proved that Silexan was significantly superior to placebo ($p<0.01$, ANCOVA). Internal validity could be shown since the treatment effects of the active comparator Sertraline were also more pronounced compared to placebo ($p<0.01$). There were no relevant differences between Silexan and Sertraline. Response was achieved by 53.5% of the patients in the Silexan group, by 54.0% of the patients in the Sertraline group, and by 41.5% of the patients in the placebo group. 44.4% of the patients treated with Silexan were remitter, compared to 45.2% under Sertraline and 32.6% under placebo. In both active treatment groups responder and remission rates were higher than in the placebo group ($p < 0.05$). Results of the secondary endpoints were in line with the results of the primary endpoint.
Conclusions: In a large phase III clinical trial, Silexan was more effective than placebo and not different to Sertraline in patients with a major depressive episode. Treatment effects were clinically relevant.

Disclosure of Interest: S. Kasper Consultant of: In the past 3 years Dr Kasper served as a consultant or on advisory boards for Angelini, Biogen, Boehringer, Esai, Janssen, IQVIA, Mylan, Recordati, Rovi, Sage and Schwabe; and he has served on speakers bureaus for Angelini, Aspen Farmaceutica S.A., Biogen, Janssen, Recordati, Schwabe, Servier, Sothema, and Sun Pharma., Speakers bureau of: In the past 3 years Dr Kasper served as a consultant or on advisory boards for Angelini, Biogen, Boehringer, Esai, Janssen, IQVIA, Mylan, Recordati, Rovi, Sage and Schwabe; and he has served on speakers bureaus for Angelini, Aspen Farmaceutica S.A., Biogen, Janssen, Recordati, Schwabe, Servier, Sothema, and Sun Pharma., E. Seifritz Consultant of: Schwabe, Janssen, Speakers bureau of: Schwabe, Janssen, H.-P. Volz Consultant of: Schwabe, Janssen, Speakers bureau of: Schwabe, Janssen

EPP0301

Ketamine enhanced ECT in refractory recurrent depression.

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Introduction: Recurrent Depressive Disorder is a chronic condition that significantly impacts the quality of life. Despite various treatment options, some patients face severe and treatment-resistant relapses. This case is related to research on ketamine in Electroconvulsive Therapy (ECT) for RDD. One study highlighted the efficacy and safety of ketamine compared to other anaesthetic agents in ECT for major depression. Additionally, another study explored subanesthetic doses of ketamine before each ECT session to improve therapeutic outcomes and sleep quality in patients with major depressive disorder.
Objectives: To present a clinical case of a patient with Recurrent Depressive Disorder (RDD) who improved following a change in the Electroconvulsive Therapy (ECT) protocol using ketamine as an anaesthetic inducer.
Methods: We examined the patient's medical records, including her medical history, previous treatments, and therapeutic responses.
Results: A 65-year-old childless woman with a history of stroke, bilateral carotid atheromatosis, and hypothyroidism suffered from RDD. Despite multiple prior treatments and ECT, she experienced a severe depressive relapse. Eight intensive ECT sessions were administered, with observed memory lapses. Due to the lack of response, the anaesthetic inducer etomidate was replaced with ketamine, resulting in a positive response. The patient continued pharmacological treatment with improved mood, but recent and evident memory alterations persisted, possibly related to anterograde amnesia.
Conclusions: This case highlights the complexity of RDD in patients with comorbidities and treatment-resistant relapses. The change in the ECT protocol using ketamine was effective, emphasizing the importance of alternative therapeutic approaches in refractory cases. The successful treatment of RDD in this patient using ketamine in ECT underscores the need for personalized therapeutic options in treatment-resistant patients. These scientific resources reinforce the relevance of exploring therapeutic alternatives in contemporary clinical practice. We need more research to understand the underlying mechanisms and how this approach could be enhanced in similar cases.

Disclosure of Interest: None Declared

EPP0302

Revealing complexity: beyond the whole—segmentation of hippocampal subfields in adolescents with depression and its relationships with cognition

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Introduction: The occurrence of depression in adolescence, a critical period of brain development, linked with neuroanatomical and cognitive abnormalities. Neuroimaging studies have identified hippocampal abnormalities in those of adolescent patients. However, few studies have investigated the atypically developmental trends in hippocampal subfields in adolescents with depression and their relationships with cognitive dysfunctions.
Objectives: To explore the structural abnormalities of hippocampal subfields in patients with youth depression and examine how these abnormalities associated with cognitive deficits.
Methods: We included a sample of 79 first-episode depressive patients (17 males, age = 15.54±1.83) and 71 healthy controls