

EPV0451

Major depressive disorder with anxious features - the role of pregabalin

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Introduction: Patients with unipolar major depression often present with symptoms of anxiety. Presentations with high levels of anxiety, restlessness, and somatic correlates of anxiety can be clinically identified as anxious depression. The comorbidity of anxious and depressive symptoms is a marker of poor prognosis, with greater risk of relapse and increased suicidal risk.

Objectives: Brief review of the role of pregabalin in the treatment of major depressive disorder (MDD), based on a case study.

Methods: Consultation of the clinical record and brief review of the literature on this subject.

Results: We present the case of a 25-year-old woman, with no past psychiatric history, admitted to a psychiatric consultation with depressive symptoms, and marked anxiety and somatic complaints, such as restlessness, palpitations, gastrointestinal discomfort. She fulfilled diagnostic criteria for Major depressive disorder (MDD), and was initially treated with sertraline 50 mg, with partial response, but maintenance of prominent anxious symptoms with important functional impairment. Then, we raised the dose of sertraline to 100 mg and added pregabalin 50 mg, with up-titration to 150 mg per day, divided in three doses. We observed rapid response, particularly on the anxious symptoms, and subsequently on the patient functionality.

The anxiety symptoms can increase in the first days of treatment with a selective serotonin reuptake inhibitor, which is the first-line therapy for major depression. Those are particularly difficult to treat, resulting often in treatment resistance and functional impairment. Pregabalin has a proven rapid-onset anxiolytic effect, with less cognitive and motor effects and less risk for dependence than benzodiazepines. It has demonstrated efficacy for the treatment of generalized anxiety disorder, but the use for patients with MDD has not been clearly studied.

Conclusions: Although the evidence on this subject is sparse, pregabalin augmentation of antidepressants could be an adequate option for the treatment of depression, allowing a faster action on the anxiety symptoms, especially on the first weeks of treatment, without some of the risks of the benzodiazepines.

Disclosure of Interest: None Declared

EPV0452

Suicidal ideation in older people, a public health matterR. B. Cohen^{1*}, I. M. Pereira², M. M. Garrido¹, B. V. Ferreira¹ and M. C. Sousa¹¹Clínica 5 and ²Clínica 4, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

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Introduction: Suicide in older people is a critical public and mental health issue which requires attention, given that the ageing population is increasing.

Multiple factors, including biological, psychological, and social stressors increase suicidal susceptibility. Unfortunately, elderly are more susceptible to these, such as psychiatric disturbances, physical comorbidities, prior suicide-related behaviours, lack of social support, grief, and increased difficulty in problem-solving

Objectives: In order to review the risk and protective factors, assessment and prevention of suicide in older adults.

Methods: Bibliographic research through PubMed and Web of Science.

Results: Older people can be subdivided into three age groups (from “young old” at 65 years old to “oldest old” after 85 years of age), with suicide being more prevalent in the oldest-old, and overall in men above 75 years old.

Previous psychiatric background, suicidal attempts, substance abuse, poor physical health or disability, family psychiatric history, low social support or isolation, and financial stress most frequently predispose to suicidal ideation, suicide attempts or death by suicide in this community.

Besides this, ageing relates to a tendency to cognitive impairment, which affects coping mechanisms, leading to deficits in reasoning and decision-making under stressful circumstances during depressive episodes. This can mediate suicidal ideation and associates to greater lethality methods. Geriatric suicidal attempters have been shown to have greater degrees of cortical and subcortical cerebral areas, including the frontal, parietal and temporal regions, as well as significant loss of volume in the dorsomedial prefrontal cortex, insula, midbrain, cerebellum, lentiform nucleus and putamen. Abnormalities in these regions can impair executive and cognitive function, attention, problem solving and ultimately be responsible for suicidal behaviour.

On the other hand, there are suicide protective elements such as physical and cognitive fitness, quality of life and life satisfaction, marital status, religiousness and social support. A prompt identification of modifiable risk factors and strengthening the protective ones by health professionals can reduce this prospect.

Conclusions: Suicidal ideation in older people is a multifactorial public health concern given the very high frequency of completed suicides in this population. Therefore, it is urgent to review and further research to build more effective suicide prevention strategies.

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EPV0453

The Fall of Icarus: Post-psychotic depression - Apropos a clinical case

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Introduction: Depressive symptoms occur in different phases of psychosis, including prodromal, acute and post-psychotic. Post-psychotic depression (PPD) is a phenomenon that presents as a diagnostic and therapeutic challenge. Having been ascribed various descriptions in the past, PPD has been used in a broad manner to