Antidepressant	Brand name and dosage	Lactose per tablet (mg)
Sertraline	Sonalia ® 50 mg	19.80mg
Paroxetine	Paroksetin PharmaS®	10mg
Escitalopram	Escital ® 10mg	117.8mg
	Elicea ® 5mg	51.3mg
Citalopram	Citalon ® 20mg	23mg
Mirtazapine	Calixta ® 15mg	44.4mg
	Mirzaten ® 30mg	120.56mg
	Mirzaten Q tab ® 15mg	35.63mg

Conclusions: With this research, we have pointed out a high proportion of the most commonly prescribed antidepressants that contain lactose. Considering the high proportion of the general population with lactose intolerance, we have pointed out the importance of knowing the data that antidepressants do not contain lactose in order to choose an adequate therapy for our patients, while not causing them discomfort that will further reduce the effectiveness of the therapy, as well as increase the percentage of those who due to the side effects of the drug, they stop taking the therapy. This research will help clinicians in their daily work to choose the most optimal therapy for their patients. With this study, we will give doctors a list of medications for depression treatment without lactose. With this study, we will give doctors a list of medications for depression treatment without lactose.

Disclosure of Interest: None Declared

EPV0417

Depression and anxiety in family caregivers of patients with schizophrenia in tunisia

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Introduction: Around 1% of the general population have schizophrenia. It dramatically affects not only the patients who suffer from it, but also their family members. It represents a difficult task for family caregivers, especially at the time of deinstitutionalization of the patients, when they have to assume some of the functions and care previously provided by psychiatric institutions. This day-to-day care can influence the lives of the caregivers and cause anxiety or depression, which might affect the care that the patients receive.
Objectives: The objectives of our study were to assess anxiety and depression in family caregivers of patients with schizophrenia and to identify associated risk factors.
Methods: We conducted a cross-sectional study including family caregivers of patients with schizophrenia. Anxiety and depression were assessed using the 14-item Anxiety and Depression Scale in its validated version in Tunisian dialect (HAD scale).Statistical analysis was performed by SPSS 26.0.
Results: We included 30 family caregivers of patients with schizophrenia.
The prevalence of depression in family caregivers was 40 % while 56% of them were anxious. Six caregivers had both depression and anxiety, 63.3% of them were unemployed and 52.2% stopped working to take care of their relative.
In our study, the schizophrenic patient's history of aggression towards the caregiver was statistically associated with depression (p=0.025). The worse the compliance of the patient to the treatment, the more likely the caregiver is to develop anxiety (p= 0.027). The parents (mother or father) were the most exposed to depression, anxiety or both (p=0.016). Family caregivers who lived with the patient under the same roof developed more anxious symptoms than the ones who didn't (p=0.005). The time spent taking care of the patient was higher for the caregivers with depression, anxiety or both (p = 0.046).
Conclusions: Schizophrenia may cause a significant psychological distress for family members such as depression or anxiety .Several factors seem to be involved, inherent to the disease, to the patient and to the caregiver.

Disclosure of Interest: None Declared

EPV0418

The need for self-management in patients with Persistent Depressive Disorder (PDD) and their caregivers: A qualitative study using Grounded Theory

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Introduction: The Persistent Depression and Self-Management Study is a mixed-methods pragmatic randomized controlled trial that evaluated the "*Patient and Partner Education Program for All Chronic Illnesses*" (PPEP4All) in patients with persistent depressive disorder (PDD) compared to care as usual (CAU). PPEP4All is a brief, structured self-management program that focuses on functional recovery and involves the partner/caregiver in the program. The latter may improve patient outcomes and reduce caregiver psychosocial burden related to PDD.
Objectives: In addition to evaluating the cost- and clinical-effectiveness of PPEP4All, we conducted a nested qualitative study to deepen our understanding of how patients with PDD and their caregivers cope with chronic depression. Additionally we identify areas in which they require care and learn how they could benefit from a self-management program like PPEP4All.
Methods: In the nested qualitative study, 28 patients (16 from PPEP4All, 12 from CAU) and 9 partners/caregivers agreed to participate. The in-depth semi-structured interviews took place at participant's home, the main research location, or over telephone. For each interview, we used a topic list, which was initially evaluated

in a pilot study of patients with PDD. All interviews were audio recorded, with consent from the participant, and transcribed verbatim. Data were analyzed using Grounded Theory, with a constant comparative analysis method, using Atlas.ti version 9 software.
Results: Qualitative data are currently being analyzed. We expect to identify important themes relevant to the patient's and caregiver's personal experience and learn how they use and implement self-management in their lives.
Conclusions: PPEP4All may help patients with PDD and caregivers learn important self-management techniques to effectively cope with chronic depression and its consequences, and thus, it may help them meet their needs for care.

Disclosure of Interest: None Declared

EPV0419

Diagnostic and psychopharmacotherapy in the general practictioner practice

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Introduction: Due to the often long-standing and extensive doctor-patient relationship, family doctors have special access to the mental state of their patients. They are often the first point of contact, and consequently the treatment of depression often begins in the GP's practice or even takes place entirely there. This requires dedicated knowledge on the part of the general practitioner, especially with regard to diagnostic criteria and treatment.
Objectives: The aim of this article is to describe the basic diagnostic process for the general practitioner's practice, to give advice on the indication and implementation of psychopharmacological interventions, and to present the results. This overview summarises the most relevant connections to the diagnosis, assessment of the severity and psychopharmacotherapy of depression in general practice.
Methods: The following therapy algorithms and remarks are essentially based on the treatment recommendations of the Swiss Society for Psychiatry and Psychotherapy (SGPP) and the Swiss Society for Anxiety and Depression (SGAD) as well as the German S3 guideline of the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN).
Results: Family doctors play a central role in the treatment of depressive disorders. They are often the first point of contact for patients with depression and in about 40 percent of cases even the only contact point. The likelihood of developing a depressive episode in the course of a lifetime is 10 to 15 percent globally. Evaluations by the World Health Organisation WHO show that 9 to 23 percent of people with chronic illnesses have depression as a concomitant illness. A cross-sectional epidemiological study in Germany showed that 60 percent of patients in general medical care were not treated with antidepressants and/or psychotherapy in accordance with guidelines. In Switzerland, about half of the antidepressants are currently prescribed by general practitioners. Image 1 shows a detailled overview (in German) of the current medication.

Image:

Substanzklasse oder Wirkweise	Wirkstoff	Tagesdosis	Besonderheiten	Wichtige Nebenwirkungen
SSRI	Escitalopram	10 – 20 mg	Gutes Nutzen-Risiko-Verhältnis, aktivierend, auch bei Angststörungen und Zwängen	Appetitveränderungen, Unruhe, Schwitzen, Übelkeit, Schlaflosigkeit, sexuelle Dysfunktion
	Citalopram	20 – 40 mg, im Alter nur 20 mg		
	Sertralin	50 – 200 mg		
	Fluoxetin	20 – 80 mg	Gutes Nutzen-Risiko-Verhältnis, auch bei Zwangsstörungen, sehr lange Halbwertszeit [49]	siehe oben, jedoch weniger sexuelle Funktionsstörungen als andere SSRI
	Fluvoxamin	50 – 300 mg	Wie Fluoxetin, jedoch kürzere Halbwertszeit	
	Paroxetin	20 – 40 mg	Gutes Nutzen-Risiko-Verhältnis, aktivierend, auch bei Angststörungen und Zwängen	siehe oben, jedoch weniger Übelkeit, sowie Unruhe als andere SSRI
NaSSA	Mirtazapin	15 – 45 mg	Sedierend, wenig anticholinerg, nicht bei schweren Leber- oder Nierenschäden	Schläfrigkeit, Mundtrockenheit, Appetit- und Gewichtszunahme, Kopfschmerzen
	Mianserin	30 – 90 mg		Gewichtszunahme, Ödeme, Schläfrigkeit, erhöhte Leberenzyme
SNRI	Venlafaxin	75 – 225 mg	Gutes Nutzen-Risiko-Verhältnis, auch bei Angststörungen, aktivierend, auch bei neuropathischen Schmerzen	Unruhe, Agitiertheit sowie Blutdruckanstieg
	Duloxetin	20 – 90 mg		
Trizyklika	Amitriptylin	50 – 150 mg	Sedierend, auch bei neuropathischen Schmerzen, chronischen Spannungskopfschmerzen sowie zur Migräneprophylaxe	Anticholinerg, Hypotension, Gewichtszunahme, QTc-Zeit-Verlängerungen, hohes Rezidivrisiko, nicht Mittel der ersten Wahl
	Clomipramin	50 – 75 mg	Sedierend, auch bei Panik, Zwängen und chronischen Schmerzsyndromen	
Serotonin-modulatoren	Vortioxetin	5 – 20 mg	Geeignet bei kognitiven Symptomen im Rahmen der Depression, wirkt auch über noradrenerg/dopaminerge/glutamaterge Transmitter	Übelkeit, Juckreiz, Haarausfall
	Trazodon	Schlafanstossend 50 – 100 mg, antidepressiv 300 mg	Antihistaminerge Effekte mit schlafanstossender Wirkung, Retardpräparat vorhanden, keine Gewichtszunahme, weniger sexuelle Funktionsstörungen	Sedation, orthostatische Hypotonie, Schwindel
Melatonerge AD	Agomelatin	25 – 50 mg	Schlafanstossend, KI bei Demenz und eingeschränkter Leberfunktion	Kopfschmerzen, Schwindel, Übelkeit, Transaminasenerhöhung
Dopaminerge AD	Bupropion	150 – 300 mg	Aktivierend, auch für Nikotinentzug zugelassen, KI bei Anfallserkrankungen und Leberzirrhose	Kopfschmerzen, Herabsetzen der Krampfschwelle, Tachykardien
Monoaminoxidase-Hemmer Typ A	Moclobemid	300 – 600 mg	Keine Kombination mit serotonergen Substanzen, Einsatz bei schwerer Depression	Serotonerges Syndrom, insbesondere bei Tranylcypromin und tyraminhaltiger Diät
Pflanzliche AD	Johanniskraut	900 mg	Nur für leichte und mittelgradige Episoden	Wechselwirkungen durch Induktion Cyp450 und p-Glykoprotein
	Sitosan	80 – 160 mg	Leichtere gemischt ängstlich-depressive Zustände, subsyndromal	Dyspepsie, Aufstossen, allergische Hautreaktionen
Neue Entwicklungen	Esketamin	Nasenspray, Dosierung nach Plan des Herstellers	Zur adjuvanten Behandlung von TRD in der CH zugelassen, Durchführung spezialisierten ambulatorien und Praxen vorbehalten	Schwindel, Dissoziation, Übelkeit, Kopfschmerzen, erhöhter Blutdruck
	Zuranolon	30 mg	Klinische Studie in Phase III für schwere und postpartale Depression (50) (in CH nicht zugelassen)	Kopfschmerzen, Übelkeit, Schwindel, Schläfrigkeit
	Psilocibin	20 – 30 mg	Klinische Studie in Phase II für Behandlung von Angst und Depression in Kombination mit Psychotherapie (51) (in CH nicht zugel.)	Schwindel, Übelkeit, Erbrechen und Panikattacken
	Dextromethorphan-Bupropion-Kombination		Fast-Track-Zulassung in USA 2022 (in CH nicht zugelassen)	

Conclusions: Specialists in general internal medicine have a central role in recognition and treatment of depressive syndromes. Somatic causes can be ruled out by means of physical examination, laboratory and ECG/EEG/imaging. Mild and moderate depressive episodes can be treated by psychoeducation, counselling and medication. If the symptoms are mild, psychosocial support or psychotherapy alone can be considered. If acute suicidal tendencies or psychotic symptoms are identified, emergency symptoms, emergency admission to a psychiatric hospital should be considered.
The presence of other psychiatric comorbidities, resistance to therapy or complex psychiatric medication necessitate referral to outpatient specialists. Metabolic and cardiovascular side effects and interactions between psychopharmacological and internal medicine must be considered.

Disclosure of Interest: None Declared

EPV0420

The antidepressant properties of ketamine (literature review)

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Introduction: Major depression is a common condition. Despite significant advances in psychopharmacology since the 1950s, the onset of action and drug resistance remain therapeutic challenges for traditional antidepressant agents, such as serotonin reuptake blockers. The recent discovery of the rapid antidepressant effect of ketamine, receptor antagonist, has revolutionized research in this field.
Objectives: demonstration of the antidepressant properties of ketamine